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ABSTRACT

This project builds organizational and staff capacity to deliver HIV/AIDS education to farmworking Hispanic female adolescents and women. It includes two training manuals, one addressing the issues of farmworking mothers/mentors, and one addressing the issues of preadolescent and adolescent farmworking girls. This manual for girls emphasizes skills building around communication, refusal and negotiation skills, learning about the body, HIV/AIDS, and sexually transmitted diseases (STDs). It stresses the importance of clear communication styles and skills building. The manual contains six units with basic HIV/AIDS and STD information, exercises, stories, and handouts. Participants go through a subtle process that involves exploring self-identity without assaulting personal experiences or values and using self- reflection to move toward an understanding of the need to address sexuality, HIV, and STDs in their lives. This helps girls gradually become aware of HIV/AIDS prevention. The six units are: (1) "Team Building: Getting to Know Each Other and the Program"; (2) "Our Bodies"; (3) "La Comunicacion: Strategies for Effective Communication"; (4) "Raising Consciousness About HIV/AIDS Among Farmworking Women"; (5) "Understanding the Facts about HIV and Other STDs"; and (6) "Las Destrezas: Skill Development for Young Women." (Contains 11 references.) (SM)

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Nosotras Viviremos

Las Destrezas: A Capacity Building Training Manual
For Working With Latina Farmworking Youth

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Nosotras Viviremos

Las Destrezas:
A Capacity Building Training Manual for Working with Latina Farmworking Youth

The National Coalition of Advocates for Students

Nosotras Viviremos

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INTRODUCTION

HIV/AIDS in the Latino Farmworking Communities

Farmworkers are at high risk of HIV/AIDS. Studies have shown that their knowledge of HIV/AIDS is low, that they engage in behaviors that put them at risk, and that they may not be willing or able to protect themselves from these risks. Furthermore, historically, HIV seroprevalence in the United States has been higher among people who are isolated, marginalized, and economically and socially stigmatized. Poor access to quality health services and effective prevention education are "social co-factors" in the spread of HIV. Farmworkers are isolated from traditional sources of public health education by poverty; language and cultural barriers, and limited or disrupted access to health care. Often, they avoid disclosing their undocumented immigrant status for fear of deportation.

HIV seroprevalence studies of farmworking populations have shown disturbingly high levels of HIV infection and extremely low levels of knowledge about the disease. A 1990 South Carolina study found a 13% seropositivity rate among 198 migrant workers tested for HIV and syphilis at migrant labor camps. [1] Preliminary conclusions from a 1987 study found an approximate HIV seroprevalence rate of 0.5% in seasonal and migrant farmworkers.

In 1992, investigators found a rate of 5%, which was ten times greater than the rate of the previous study. [2]

A Georgia study indicated that 78.3% of Latino respondents had never used a condom. Condom use is heavily influenced by Latino religious and cultural practices. Not only do Catholics ban condom use because of issues associated with contraception, but a subtle link also exists between condom use and infidelity and prostitution. One study noted that women expressed feelings of shame and embarrassment about their partner's use of a condom. [3]

As heterosexually transmitted HIV continues its growth in the female population, young Latina migrant farmworkers face a much higher risk of HIV infection than do their male counterparts. In a study of 60 Latina farmworking women visiting a health center in Virginia, health care workers found that most did not know how HIV was transmitted, and that half of the young women between the ages of 15-24 years had lower knowledge scores than did women 25 years and older. A total of 52% did not know if drugs were available to treat AIDS; 58% did not know if a vaccine was available; and 39% answered incorrectly that you can get AIDS by being around someone who has it. [4]

HIV/AIDS is now the third leading cause of death among women of reproductive age. Latinas are one of the four groups of women with disproportionately high rates of infection. As the poorest and most isolated members of their population, a number of factors combine to make young Latina farmworking women particularly vulnerable to HIV infection. These factors are:

- A low perception of risk.
- Early age of first sexual intercourse.
- Lack of adequate health information, particularly regarding basic issues of female reproductive health and sexual development.
- Low rates of contraceptive/condom use.
- Culturally prescribed gender roles and behaviors.
- Female information sharing networks with inaccurate or inadequate information.
- Language barriers or limited language ability.

- Lack of knowledge about their partner's risk status.

In spite of these widely recognized needs, the National Commission to Prevent Infant Mortality identified in a provider survey that fewer than 25% of all HIV prevention programs specifically targeted farmworking women.[5]

The purpose of this project is to help build the capacity of organizations and staff to deliver HIV/AIDS education and prevention to farmworking female adolescents and women. NCAS project staff are available to train agency staff on delivering the contents of *Nosotras Viviremos* and to provide subsequent support and technical assistance.

How Nosotras Viviremos Was Born

Nosotras Viviremos was developed by NCAS staff and consultants with expertise in public health; epidemiology; organizational development; program design, implementation, and management; international education and materials development. These women are from Puerto Rico, Brazil, Chile, and Mexico. The impetus for developing such a project was the lack of culturally competent educational materials and processes available for Latina girls and women. Given the incidence and prevalence rates of HIV/AIDS among Latinas, we felt that most available educational materials were not meeting the needs of this population and something had to be done within the context of communication and sexuality education to change this reality.

Farmworking women, pre-adolescent and adolescent girls from central and south Florida provided the substance for these manuals. They shared their lives, their experiences, their perspectives and their hearts. Their knowledge helped shape the content, order, and logic of these manuals. We dedicate these manuals to all of them and to the women who will benefit from their contributions.

The Theoretical Basis for the Nosotras Viviremos Curriculum and Prevention Intervention

Interventions must be built around an understanding of the behaviors, values, and cultures of the target populations. For Latina female farmworkers in the United States, an intervention must consider the nature of the farmworking lifestyle, legal status, the position of women in Latino society, intergenerational conflicts, the role of the mother in the Latino family, and acculturation issues.

To effectively create awareness (susceptibility to risk) among certain cultural groups, the creators of this curriculum recognized the need to gradually expose Latina women to information about HIV/AIDS.

Nosotras Viviremos is grounded in the Social Cognitive Theory and the Social Influence Interventions, and its methodology incorporates Paulo Freire's philosophy of dialogical education.

Paulo Freire, a Brazilian educator who became well known for his literacy work with peasants in Latin America and his worldwide acclaimed book "Pedagogy of the Oppressed," inaugurated an educational methodology rooted on action and reflection upon peoples' situation in the world. Freire asserts that "authentic education is not carried on by "A" for "B" or by "A" about "B," but rather by "A" with "B," mediated by the world—a world which impresses and challenges both parties, giving rise to views or opinions about it". [6] What he called problem-posing education is the process by which people come together as *teacher-students* and *student-teachers* to reflect simultaneously on themselves and the world in which they live to change it.

In a problem-posing or dialogical education, the program content of education must be relevant to the issues and things people want to know more about. In this sense, "one cannot expect positive

results from an educational or political action program which fails to respect the particular view of the world held by the people," [7] because, as Freire suggests, "only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication, and without communication there can be no true education." [8]

In *Nosotras Viviremos* the issue of communication is central. We believe that women—both mothers and young girls—are empowered when equipped with information about their bodies and sexuality and when trained to perform an array of communication skills.

The Social Cognitive Theory is based on the premise that behaviors, environmental influences, attitudes, and beliefs are highly interdependent and interactive. Behavioral change is said to occur due to direct observation and interpretation of behavioral performances. [9] Social Influence Interventions seek out persons who are capable of influencing others and enlist them to disseminate an intervention to their friends and eventually their social networks. [10]

Social or Peer Influence strategies operate under the assumption that changes in social environments diffuse to affect individuals far removed from the original intervention activity.

In the *Nosotras Viviremos* manuals, these theories and approaches are integrated into a curriculum that includes: (1) information about reproductive health, sexually transmitted diseases, and HIV/AIDS prevention; (2) acknowledgement of cultural norms, attitudes, and behaviors with relating to sexuality in the in the Latino/Hispanic community; and (3) skills training. Importantly, the curriculum addresses intergenerational stresses between mothers and their daughters and how these affect effective communication between them. Addressing these stressors is crucial to bridging the gap that often acts as a barrier to effective parent-child communication and understanding.

NOSOTRAS VIVIREMOS OBJECTIVES

By the end of the training program participants will gain:

- basic information about HIV/AIDS and other STDs;
- knowledge and skills on how to prevent HIV and other STDs;
- basic information about the female reproductive system.

OBJECTIVES FOR FEMALE ADULTS

By the end of the training program participants will be able to:

- clarify values regarding sex and sexual decision making;
- communicate more effectively with pre-adolescent and adolescent girls about how to prevent HIV and other STDs.

OBJECTIVES FOR PRE-ADOLESCENT AND ADOLESCENTS GIRLS

By the end of the training program participants will be able to:

- clarify social values about pressure and sexual decisions;
- use effective communication and negotiation skills to postpone sexual intercourse;
- use effective communication and negotiation skills for condom use;
- take pride and responsibility for choosing responsible sexual behaviors.

We hope that these training manuals will help farmworking women develop communication skills and confidence to pass HIV/AIDS prevention information on to their peers, family, and communities.

How to Use the Nosotras Viviremos Training Manuals

The *Nosotras Viviremos* curriculum consists of two (parallel) training manuals: one addresses the issues and concerns of farmworking mothers/mentors, and the other addresses the issues of pre-adolescent and

adolescent farmworking girls. Although both manuals share much of the same content, important distinctions exist between the two manuals. The mothers/mentors manual contains information on puberty and on the different human developmental stages. This information is necessary to understand what children are developmentally capable of at different ages so that mothers/mentors can provide messages accordingly and help support their developmental changes. Throughout the manual, the curriculum stresses and reinforces the need for effective and clear communication styles and skills building. The girl's manual focuses on skills building around communication, refusal and negotiation skills, learning about the body, HIV/AIDS, and STDs.

Each training manual contains six units, including basic HIV/AIDS/STD information, exercises, stories, and a set of handouts that can be easily reproduced and distributed to participants. These training manuals have been pilot-tested by skilled trainers and modified to incorporate participant feedback. These manuals were developed for use with Latina farmworking women and female youth but can easily be adapted for use with other Latinas.

We strongly recommend that this curriculum be implemented in the order it is presented and in its entirety. Although the content in some of the units can stand on its own and can be implemented individually, the manuals have been carefully organized to follow a progressive order and logic. They involve a pedagogical and affective process using self-reflection that builds on itself in and a sequenced approach. This approach touches upon the cognitive and affective domains in a way that recognizes and validates the participants' experiences to help them make sense of their experiences, beliefs, and values within the American context. The contents of the training manuals have been reviewed, edited and approved by the CDC's Division of Adolescent and School Health.

Participants go through a subtle process that assists them in exploring self-identity without assaulting personal experiences or values and using self-reflection to move toward an understanding of the need to address the reality of sexuality, HIV, and STDs in their lives. This process allows the participants to gradually become aware of HIV/AIDS prevention. It also allows mothers to develop and practice the skills they learned to help their daughters adopt and sustain healthy and safe sexual decisions.

We also recommend that each training manual or intervention be implemented in multiple sessions. A minimum of four sessions is needed, with each session lasting anywhere from two to three hours. You will find suggestions on how to manage the time of each session throughout the manual. The group should be kept small (fifteen participants/session) to allow for optimum participation and dialogue. We suggest that the six units of this training manual be divided into four training sessions in the following manner:

Session 1: Unit 1 (Getting To Know Each other and the program) and Unit 2 (Our Bodies).

Session 2: Unit 3 (La Comunicación: Strategies for Effective Communication).

Session 3: Unit 4 (Raising Consciousness About HIV/AIDS Among Farmworking Women) and Unit 5 (Understanding the Facts About HIV/AIDS and other STDs).

Session 4: Unit 6 (Las Destrezas: Skills Development for Young Females or Los Consejos: How to Talk to Young Females about Sexuality).

Each unit of the manual is preceded by goals (the expected outcomes and skills participants will develop from the activities presented in the manual); a list of topics that will be covered within the unit, and a materials list that outlines the supplies needed. Each unit contains several topics. Most topics include objectives (the purpose for doing each activity), procedures (instructions for facilitators to follow and guide participants through a sequence of

actions), activities, and processing questions (suggested questions that facilitators may ask to promote critical thinking and further exploration of the issues presented in the activities). An assessment of learning is included at the end of each unit as a way to evaluate the program and help participants assess their own learning. While time estimates have been included at the beginning of each topic and most activities, please be aware that these may take longer than planned. Given the sensitive nature of much of the material, it is important not to rush the group process.

Guiding Principles for Nosotras Viviremos Facilitators

We use the word "facilitator" to describe trainers and group leaders. Facilitating means teaching-learning from real life experiences and instructional activities that do not tell women what they should do. Facilitators help participants choose a course of action for themselves.

Nosotras Viviremos offers a unique opportunity to work with Latina mothers/mentors and youth on critical health issues within the context of sexuality education. Thus, facilitators should share a common philosophy about sexuality education and about the right of mothers and girls to have access to and obtain this information in a correct and clear manner. Facilitators must be able to deliver the content of these manuals comfortably and professionally.

The information presented in these manuals may be controversial and conflicting for the participants, many of whom may have conflicting or erroneous opinions based on fear, lack of information, or lack of exposure to and knowledge of sexuality-related issues. Facilitators are responsible for delivering correct information that will help clarify these conflicts. The facilitator's job is neither to change people's opinions about certain issues nor to express her own. Rather, the facilitator should establish the difference between fact and opinion and encourage participants to know the difference. To do this, facilitators should be comfortable with the information delivered and feel at ease talking about issues related to sex and sexuality.

Nosotras Viviremos is based on the notion that sexuality is a natural and healthy part of living, that family members strongly influence children's sexuality, and that families can be good sources of information about sexuality.

Nosotras Viviremos requires culturally and linguistically competent facilitators who are knowledgeable about HIV/AIDS education and prevention. Facilitators who recognize and understand the issues Latinas face, including their experiences will best accomplish project goals. Although facilitators may not agree with these values, they must acknowledge and respect the experiences and values of the participants. Facilitators will be trained to be aware of the impact that their words and attitudes may have on participants.

Strong facilitation skills are necessary to achieve the goals of this curriculum. Only individuals trained by NCAS staff and consultants are certified to effectively deliver the Nosotras Viviremos training curriculum.

Nosotras Viviremos offers one approach to address the issues relevant to health, sexuality, and HIV/AIDS prevention in the Latina community. Although we encourage fidelity to the contents of the curriculum, we understand that each community will need to decide on the best approach. The approaches selected should be consistent with community needs, norms, values and diversity. Feedback and suggestions that will enhance these materials are welcomed and considered.

Addressing Issues of Sexual Abuse

Most HIV education and prevention efforts assume that all sexual activity is consensual, pleasurable, and voluntary.

This assumption drives most prevention campaigns that include slogans such as, "Just Say No" or "Respect Yourself." These campaigns focus mainly on the pleasurable aspects of safer-sex practices and on individual decision making. Sex-positive images and messages are important, but they exclude many women and female youth who do not feel empowered in their sexual experiences. Their sexual experiences may include consensual relationships that are not pleasurable and non-consensual relationships that allow no room for negotiation. Furthermore, these interventions often miss the point by making women solely responsible for safer sex practices (condom use) that they do not control and that require male compliance.

In our work with female youth and women, it is especially important to remember that for females not all-sexual behaviors are consensual, voluntary, or pleasurable. In fact, one in every three girls is sexually abused by the age of 18. This fact guarantees that someone in your group is being or has been sexually abused. Most sexual abuse is perpetuated by someone close to the woman or youth (i.e., parent, other family member, or family friend).

HIV and sexuality education can be uncomfortable and threatening. The ability to acknowledge one's sexuality, the possession of a sense of empowerment and self worth, the ability to state one's feelings and needs, to trust others, and to set limits and personal boundaries with others are all necessary factors for developing and maintaining healthy sexual lives. Issues of shame, guilt, low self-esteem and powerlessness may make it difficult for victims or survivors of sexual abuse to translate the protective information into behavioral change.

The language used in HIV and sexuality education may trigger feelings about present or past abuse that may lead to emotional and physical distress. Penis models and other sexually explicit materials used in traditional HIV education can be potentially troublesome for women and female youth with a history of sexual abuse.

Many victims and survivors may use drugs to numb the reality of what is happening to them. It is important to understand that while the use of drugs is a high risk factor for HIV transmission, the use of drugs may also be a protective behavior against suicide or self-mutilation. Issues of drug use and abuse should be addressed effectively, sensitively, and non- judgmentally.

Nosotras Viviremos facilitators acknowledge that many female youth and women have been abused and that this abuse plays an enormous and significant role in their ability to effectively and consistently prevent the transmission of HIV and STDs. When the reality of sexual abuse is not acknowledged, girls and women may leave your session more confused, guilty, and alienated than before and be less likely to use critical prevention information.

Below you will find some suggestions for incorporating the issues of sexual abuse and non-consensual sex into the work of the *Nosotras Viviremos* HIV Education and Prevention Project. The will ensure that your sessions are sensitive to and inclusive of many women's experiences.[11]

- Assume that every group has participants that have been or are currently victims of sexual abuse and non-consensual sex.
- Understand and accept that some of the participants may currently be engaging in behaviors that put them at risk for HIV infection.
- Establish ground rules or boundaries of safety. Acknowledge that the content of the sessions can bring up uncomfortable feelings for participants. Let the participants know that there are no good or bad feelings. All feelings are 100% okay. Affirm that feelings can come up before, during, or after the sessions. Urge participants to take care of themselves (i.e., leave the room and return when they feel comfortable).
- Make a list of local resources available.

- Let the participants know from the beginning what sexual terminology will be used throughout your sessions (i.e., penis, vagina, oral sex, vaginal sex, etc.). Also disclose the specific content of the sessions (i.e., condom demonstration using a rubber penis, fingers, etc.).
- *Nosotras Viviremos* strongly suggests the use of fingers for condom demonstrations. The use of realistic penis models as well as explicit sexual language and the discussion of sexual activity can trigger intense discomfort, feelings, memories, or disassociation for survivors or victims of sexual abuse.
- Reaffirm and acknowledge feelings throughout the sessions, especially throughout the discussion of sexual transmission and prevention.
- Avoid focusing on terms such as sexual abuse, incest, rape, and date rape. For many, these labels are threatening. Often, survivors and victims do not identify what has happened or what is currently happening as abuse. Instead, use less threatening terminology such as "forced sex," "sex we didn't choose," "sex because you feel obligated." The use of this language allows participants to identify with their own behaviors and experiences without judgement or threat.
- Avoid language that labels sexual behavior. Do not use words such as "promiscuous," "slut," "easy," or "prostitute." These labels trigger feelings of shame, especially for survivors who have been verbally abused.
- Focus on feelings and behaviors. Give issues a context (i.e., "Some of us have been out on a date and been forced to have sex that can put us at risk for HIV infection.")
- Avoid easy prevention slogans and statements that convey blame, shame or guilt.
- Pay attention to the process of each workshop and to how the information may be affecting the individual participants in your sessions. Incorporate (without judgment) the behaviors of some survivors and victims that inhibit HIV prevention into teaching exercises and role-plays.

A Word About the Writers and Collaborators

Antonieta Bolomey, M.Ed., was born and raised in Chile. She holds a Bachelors Degree in Psychology and a Masters Degree in Organizational Development. She is currently a doctoral candidate in International Education at the University of Massachusetts Amherst. She has broad experience in women and development training projects and research. As the former project coordinator of *Nosotras Viviremos*, she carried out relevant qualitative research, laid the foundation for the curriculum, and wrote much of its content.

Rosie Muñoz-López, MPH., grew up both in New York and Puerto Rico. She has a Bachelor's Degree in Sociology and Women's Studies, and a Masters Degree in Public health. She started her career as a recruiter and organizer for a migrant-children's program in Hartford, Connecticut. She lives in Boston and is currently the project director of *Nosotras Viviremos*. She has extensive experience developing and managing women's health projects locally and in Latin America. She conceptualized and designed this intervention and wrote much of the content. She also coordinated the resources necessary for the realization of *Nosotras Viviremos* and secured long-term support for this project.

Gabriela Ramírez-Garnica, MPH., was born and raised in Mexico and has lived in the United States since 1978. She is the Florida-based Training Coordinator for *Nosotras Viviremos*. She is currently the chairperson for the HIV Community Planning Partnership 7 in Central Florida and serves as the behavioral science at large member of the statewide Florida Community Planning Group. She is currently a doctoral candidate in epidemiology in the Department of Epidemiology and Biostatistics at the

College of Public Health, University of South Florida. She facilitated the pilot sessions that informed the development of these manuals, and contributed her knowledge and ideas to the writing of the *Nosotras Viviremos* manuals.

Flávia S. Ramos, Ed.D. was born in Brazil and is currently an educational and materials development consultant in the Washington D.C. metropolitan area. Her academic background includes a B.F.A. in Art Education, Masters and Doctoral degrees in International Education from the University of Massachusetts Amherst. She has extensive research and training experience in the United States, Latin America and Africa. She created the illustrations and graphic design of the *Nosotras Viviremos* manuals and assisted in the development of the curriculum.

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The unit on communication was adapted from the *Becoming a Responsible Teen* (BART), an HIV Risk Reduction Intervention for African American Adolescents by Janice St. Lawrence, Ph.D.

Martín García from The Latino Lesbian and Gay Organization (LLEGÓ) provided us with guidelines for the section on sexual orientation.

Douglas Kirby's *Characteristics of Effective Programs* were considered in the development of this curriculum.

References

1. Jones, Jeffrey et al. HIV-Related Characteristics of Migrant Workers in Rural South Carolina. *Migrant Health Newsline*. March/April 1992.
2. HIV Infection, Syphilis and TB Screening among Migrant Farmworkers - Florida 1992. *Morbidity and Mortality Weekly Report* 41 (39).

3. Ryan, R., Foulk, D., Lafferty, J., and Robertson, A. Health Knowledge and Practices of Georgia's Migrant and Seasonal Workers Relative to AIDS: A Comparison of Two Groups. Georgia Southern College, Center for Rural Health, Sept. 1988.
4. Thalia M. Vasilion, "Knowledge of AIDS Among Female Hispanic Migrant Farmworkers in Virginia", *Migrant Health Newsline Clinical Supplement*, March/April 1992, National Migrant Resource Program
5. National Commission to Prevent Infant Mortality (1993). HIV/AIDS: A Growing Crisis Among Migrant and Seasonal Farmworker Families.
6. Freire, P. (1997). *Pedagogy of the Oppressed*. New revised 20th-anniversary edition. New York: Continuum, p. 74.
7. Ibid. p. 76.
8. Ibid. p. 74.
9. Glanz, K., Lewis, F.C., Rimer, Barbara K. (Eds.) (1990). *Health Behavior and Health Education: Theory Research and Practice*. San Francisco: Jossey-Bass Publishers; and Kalichman, S.C. (1998). *Preventing AIDS: A Sourcebook for Behavioral Interventions*. Mahwah, NJ: Lawrence Earbaum Associates, Inc.
10. Kalichman, S.C. (1998). *Preventing AIDS: A Sourcebook for Behavioral Interventions*. Mahwah, NJ: Lawrence Earbaum Associates, Inc.
11. Non-Consensual Sexual Experience and HIV Education: An Editor's View. Cathy Kidman. SEICUS Report. April/May 1993.

1

TEAM BUILDING: GETTING TO KNOW EACH OTHER AND THE PROGRAM

GOALS

The activities presented in this unit will help participants get acquainted with one another and the facilitators. They will also set the tone of the entire program. The facilitators will provide a brief overview of program goals, help participants develop a group climate of trust and respect, establish group ground rules, and work together as a team.

TOPICS

1. GETTING TO KNOW EACH OTHER (40 MINUTES)
2. INTRODUCTION TO PROGRAM GOALS, OBJECTIVES, AND ACTIVITIES (30 MINUTES)
3. SETTING PROGRAM EXPECTATIONS (15 MINUTES)
4. ESTABLISHING GROUP GROUND RULES (15 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Name tags
- ❑ Box with cut out pictures from magazines and other objects
- ❑ Radio, cassette tape, or compact disc player (optional)

GETTING TO KNOW EACH OTHER

This topic has three activities. It should take about 40 minutes in total.

OBJECTIVES

- Introduce participants and facilitators to each other.
- Obtain insight of participants' self-perceptions as women.

NOTE TO FACILITATOR

Before initiating this activity, think about how the participants may feel about taking part in this training. Do they know each other? Have they attended other trainings before? Will they feel shy or suspicious? It's natural for some women to feel uneasy in a classroom situation.

SETTING THE CLIMATE

This activity should take about 10 minutes.

PROCEDURES

- Make the training room friendly and warm—you might have music playing and the room decorated with posters on the walls or flowers on the table.
- When the women finally arrive, welcome them warmly and give them name tags or stickers on which they can write their names. Offer some refreshments, and let participants help themselves. Arrange the room so that you and the participants are sitting in a circle facing each other. After everyone is seated in the circle, explain that the purpose of this activity is to get to know something about each other and about the program. Introduce yourself to the group. Give them some of your background and your interest in teaching sexual health. Ask the participants if they have any questions before you begin the activity. Put up the following information on a chart for everybody to see.

The name of the program
The name of the facilitators
The date

NAME GAME

This activity should take about 5 minutes.

PROCEDURES

NOTE TO FACILITATOR

To help the group relax, start things off by getting participants "into motion." This approach will communicate at the outset that your program is going to be a fun and participatory one. For example, you may introduce the following icebreaker: ***Ball Toss***, as a name game.

- Form a circle of all participants and facilitators, everyone standing.
- One person tosses a ball or any other object that is light and round to another person in the circle, calling out that person's name before making the toss.
- Repeat the process until everyone's name has been called out. Two or three tosses are adequate to familiarize everyone with participants' names.

WHO WE ARE

This activity should take about 25 minutes.

PROCEDURES

- Ask participants to form groups of three; to go outside the room or around the building and find something that can be a symbol of a woman, female adolescent, or girl (you may also bring a box with enough objects or pictures for participants to select from as a back-up plan); to bring that object back in five minutes.
- Tell them to:
    - "Think a moment about yourself as a woman. Reflect on your role as a woman in your social group."
    - "What is it like to be a woman?"
    - "Now draw a picture of this woman you see in your mind in a graphic or symbolic way. If you don't want to draw an image of a woman, you can choose an object or picture or whatever else comes to mind. Be as creative and imaginative as you want in depicting a woman."
    - "Share your drawings or objects with two other women in a trio."
- Have the participants rejoin the large group and share their thoughts.

INTRODUCING PROGRAM GOALS, OBJECTIVES, AND ACTIVITIES

⏳ **This topic should take about 30 minutes.**

OBJECTIVES

- Present the goals of the program and how they were developed.
- Present an outline of the program objectives and activities.

PROCEDURES

❖ Give a brief overview to explain how *Nosotras Viviremos* was developed. Share the following information with your group:

"This program was designed by and for Latina adolescent girls and women with two goals in mind. One was to offer the necessary information and skills to prevent sexually transmitted diseases, including HIV infection, and the second goal was to increase communication skills so that Latinas can pass this information on to future generations of girls, daughters, friends, and sisters. The content of the program was developed after talking to several groups of Latina farmworking mothers, pre-adolescents and adolescents about what they wanted to learn and how they wanted to learn this information."

❖ Share with participants some of the issues that other farmworking mothers and mentors and adolescent girls have expressed before (see table below).

Some of the Issues that Mothers Expressed	Some of the Issues that Girls and Adolescents Expressed
• They want to educate, "aconsejar," pre-adolescent and adolescent girls but are not certain about what type of information is age appropriate. • When the mothers were growing up, most of the women had to learn about their body changes, sexuality, and health by themselves. Even now, they have few or no mentors that they can use as role models of women who talk with pre-adolescent and adolescent girls about sexuality and health. • Many of them said that talking about sexuality was extremely shameful, difficult, or painful. They were taught not to think, talk, look at (television), or read anything regarding sexual issues.	• They want to receive information and "consejos" about sexual development, body changes, sexually transmitted diseases, and HIV from their mothers. • They said that these "consejos" should be given to girls very early (seven, eight, nine years old). • They are afraid to ask their mothers or family members questions about sexual development because they feel ashamed and are afraid that their mother may think they are sexually active and restrict their lives. On the other hand, they want to talk about these issues with their mother or other adult women who they can trust.

❖ Tell participants that:

"All these feelings and concerns are valid and normal. Many Latinas were not raised to talk openly about sexuality and many had to learn on their own how to stay sexually healthy. However, as you know, sexually transmitted diseases put our health and our children's health at risk. To prevent becoming infected with these diseases we need to educate ourselves about how to prevent HIV infection and other STDs."

❖ In advance, copy the following objectives onto newsprint (You may share with mothers the objectives for the adolescent girls). Present the list to the group.

NOSOTRAS VIVIREMOS OBJECTIVES

At the end of these training sessions you will have learned:

- Basic information about HIV/AIDS and other STDs.
- How to prevent HIV infection and other STDs.
- Basic information about the female reproductive system.

Objectives for Women

At the end of these training sessions you will be able to:

- Clarify values regarding sex and sexual decision-making.
- Communicate more effectively with pre-adolescent and
- adolescent girls about how to prevent HIV infection and other STDs.

Objectives for Pre-Adolescent and Adolescents

At the end of these training sessions you will be able to:

- Clarify social values about pressure and sexual decisions.
- Use effective communication and negotiation skills to delay sexual intercourse.
- Use effective communication and negotiation skills for condom use.
- Take pride and responsibility for choosing responsible sexual behaviors.

❖ Explain that to meet these goals and objectives, they will need to participate in the following set of activities. Copy the following chart and briefly explain each activity.

***Nosotras Viviremos* Topics for Female Adults**	***Nosotras Viviremos* Topics for Pre-Adolescent and Adolescent Girls**
1. Team building: getting to know each other and the program. 2. Our Bodies: Basic information about female and male reproductive anatomy, and the sexual development of girls. 3. *La Comunicación*: Strategies for effective communication. 4. Raising consciousness about HIV/AIDS among farmworking women. 5. Understanding the facts about HIV and other STDs. 6. *Los Consejos*: How to talk to young women about sexuality. ☆ Program Synthesis: An Integration of Knowledge, Motivation, Attitudes and Skills	1. Team building: getting to know each other and the program. 2. Our Bodies: Basic information about female and male reproductive anatomy, and the sexual development of girls. 3. *La Comunicación*: Strategies for effective communication. 4. Raising consciousness about HIV/AIDS among farmworking women. 5. Understanding the facts about HIV and other STDs. 6. *Las Destrezas*: Skill development for young women. ☆Program Synthesis: An Integration of Knowledge, Motivation, Attitudes and Skills

SETTING PROGRAM EXPECTATIONS

This topic should take about 15 minutes.

OBJECTIVE

- To clarify participants' expectations.

PROCEDURES

- Ask participants the following questions:
  - "What would you like to learn in these training sessions?"
  - "What are your overall expectations from this program?"

NOTE TO FACILITATOR

Information about participant's expectations will enhance this program by making it learner centered. If expectations are significantly different from program objectives, you will have to negotiate the goals and explain again the objectives of the program.

ESTABLISHING GROUP GROUND RULES

⏳ **This topic should take about 15 minutes.**

OBJECTIVE

➢ To create a climate of trust and respect.

PROCEDURES

❖ Ask participants the following questions:

- **"How can we develop a climate of trust, respect and safety?"**
- **"What would help people feel comfortable participating in and learning the information presented in this workshop?"**

❖ Ask participants to think about a situation where they enjoyed learning something new.

- **"What was the situation?"**
- **"How did you feel?"**

❖ Ask participants what group rules should be created for them to feel safe in the training sessions. Ask participants to help you develop the list of rules. Stress the importance of respect, confidentiality, and listening. Write down the rules on a chart. After the list is ready, make sure each participant understands the rules.

❖ Put the list on the wall and use it to remind participants if needed.

EXAMPLE OF GROUP RULES

- Confidentiality.
- Respect.
- Listening.
- Privacy. What people share in the group is private and should not be discussed outside the group.
- Accept that we are all different and learn in different ways.
- One person should speak at a time.
- If someone talks too much, she should allow time for others to talk.
- Respect the silence of others.
- Even if you disagree, respect what others say.
- Do not laugh at others.
- Feel free to ask any question.
- Be on time.

NOTE TO FACILITATOR

Add other appropriate rules that group members might want. It is a good idea to end the first session with music and refreshments in order to give the participants more opportunity to get to know each other better.

2

OUR BODIES

GOALS

This unit contains basic information about the female and male reproductive anatomy and its relation to health, gender, puberty, and sexual identity and orientation. The facilitators will serve as guides for what to do and what to discuss. They will help participants develop an understanding of these topics. Participants will learn basic information about reproductive health. The unit encourages women to feel normal and natural about their bodies, sex, and sexuality.

TOPICS

1. HOW DOES MY BODY WORK? (60 MINUTES)
2. UNDERSTANDING PUBERTY (30 MINUTES)
3. SEXUAL IDENTITY AND ORIENTATION (30 MINUTES)
4. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Model of "Alex"
- ❑ Construction paper
- ❑ Scissors
- ❑ Glue
- ❑ Pencils
- ❑ Copies of handouts for participants

HOW DOES MY BODY WORK?

This topic should take about 60 minutes.

OBJECTIVE

- To help women gain awareness and information about how their bodies develop.

NOTE TO FACILITATOR

Before starting this activity read the following instructions on how to make "Alex". Here are some easy, cost-effective suggestions that have worked for us with this exercise:

- Alex should be created before the session.
- Feel free to be creative (draw, color) as long as the objectives for this section are met.
- Take handout 2.1 (Alex) to a copy center and have two enlargements made to about 4 feet tall and 3 feet wide (4 ft x 3ft).
- Take handouts 2.4 and 2.5 and have enlargements made. Cut out body parts.

PROCEDURES

- Explain that body awareness is essential for maintaining good health, for detecting signs of disease or illness, and for protecting ourselves from disease.

DISTRIBUTE COPIES OF HANDOUTS 2.6.A AND 2.6.B

- Introduce "Alex." Explain that Alex can be created as a woman or a man. Divide the group into two teams and distribute the body parts that have check marks beside them on handouts 2.6A and 2.6B.. One group will have the male body parts; the other will have the female body parts. Give one body part to every two people so that within the two teams, pairs work together. Explain that each team is to place the body parts in the appropriate place on the body. Emphasize that it is all right for participants to be stumped by the identity of the body parts. Remind participants that very few of us are taught to recognize the shapes of our internal parts.
- Have each team place their body parts on "Alex" and discuss. Then add the other parts that are not checked and briefly discuss these parts.
- Team members should consult with each other to decide which part they have been given and where it goes on "Alex." Ask the team to position their part and explain the part's role in reproductive and sexual functioning. Encourage group members to share other names for the body part.

REFER TO HANDOUTS 2.2 AND 2.3 FOR CORRECT PLACEMENT OF BODY PARTS

- Lead a discussion on how awareness of one's body can change how one takes care of it. Explain how taking care of one part of self leads to caring for other parts of self.

- Discuss ways health care and human service providers can encourage women to gain basic health and body awareness. For example, offer a group meeting on women's health issues or display information from women's centers or Planned Parenthood.
- Conclude the discussion of body awareness by emphasizing that becoming aware of and comfortable with one's "private parts" is the first step toward discussing and negotiating safer sexual activities. For sexual activity to be mutually satisfying both same-gender and opposite-gender partners need to communicate with each other about sexual preferences and desires. Some women may be in relationships where there is a threat of violence and may not be able to communicate openly.
- Explain that some women do not reach orgasm by intercourse alone and that this is not a reason for a woman to falsely assume that something is wrong with her, or her male partner may assume that she is satisfied because he is. State that the best way we become aware of our body parts is to explore them. "**If you feel comfortable, go home and look at your body carefully.**" Use a hand-held mirror to view the vaginal area.

UNDERSTANDING PUBERTY

⏳ **This topic should take about 30 minutes.**

OBJECTIVE

➢ Present basic information about physical and emotional changes that are likely to occur during puberty.

PROCEDURES

❖ Tell participants that:

"We will now review a stage of development called puberty. We will learn basic information about what changes are likely to occur at different ages. What we will review are some of the most common changes that occur during puberty so that they can be supportive to their daughters during these critical stages of development"

❖ Stress that everyone is different and may experience these changes at different times or in different ways.

❖ Ask participants to define, in their own words, what puberty means. After participant input, provide the following definition.

"Puberty is a natural, age-related change that marks the time when you are first able to reproduce. It represents a time of social, physical, and emotional changes that are difficult for many young women and for their parents."

❖ Tell participants:

"Knowing about these changes and what we can expect during this time will help us understand and be sensitive to and supportive of what our adolescent girls are experiencing. "

❖ Present the following facts about puberty. Allow approximately 10 minutes for each of the following subjects.

Social Changes

- Boys may begin to show more interest and care in the way they look and dress; they may want to begin to grow a mustache. Girls may want to begin wearing makeup, different kinds of clothing, and jewelry. They may also want to begin to date and socialize with opposite sex peers.
- Both boys and girls may want to begin to go out and hang out, get their driver's license, go to parties or dances, or join clubs.
- Remind participants that everyone is different and that everyone may not reach puberty at the same time. The stages of puberty are the same and many young women begin to experience changes between the ages of 9-13 years. However, great differences exist in the timing of puberty for everyone. Girls often begin puberty 2-3 years before boys.
- Boys may begin puberty as early as 10 years old or as late as 15 years old; girls may begin as early as age 8 or as late as age 14.
- On the average, puberty begins about 1 to 2 years earlier among girls than among boys.

Female Growth Development

- A growth spurt usually signals the first signs of puberty in girls. This can begin among young women aged 8-12 years.
  - At this time the pituitary gland signals the ovaries to start producing estrogen, a hormone that triggers the growth spurt.
  - Head, hands, and feet are the first parts of the body to reach their mature size. Girls may worry about the size of their feet, but the rest of the body will soon catch up.
  - Girls lose less of their body fat than do boys, which gives them a rounder appearance.
  - Girls may experience a stage of awkwardness because various parts of their body grow at different rates.
- Breast development usually begins soon after the growth spurt.
  - Development usually begins with a swelling of the nipples.
  - Breasts usually fill out over a period of 3 to 4 years.
  - Breasts may feel tender and sensitive.
  - One breast may grow faster than the other. Breast size will usually even out although one may remain slightly bigger.
  - Sometimes a milky fluid is secreted from the nipples.
- Filling out of the hips is usually the next step in development, as the rest of the body becomes more rounded and curved.
- Pubic hair appears soon after the breast development begins.
- The final event in the development sequence is the onset of menstruation (menarche, or period).
- By the age of 15 or 16 years, most young women have completed the physical changes of puberty.
  - Hips and pelvis have widened.
  - Breasts have filled out.
  - The body is rounded and curved.
  - Growth slows down.
  - Body hair is evident
  - The menstrual cycle has begun.

Other Changes

- Sweat glands become more active, especially under the arms. Most people will find it necessary to use deodorant.
- Many young people will experience problems with acne.
- The production of hormones will prompt sexual thoughts and daydreams in most young people; there is heightened awareness of sexual attraction. Both boys and girls may experience sexual excitement from simply watching or being near someone to whom they are attracted. They may not understand that the emotions they feel are sexual in nature.
- Sexual fantasies are common at this time.
  - Some parents feel that this is a natural stage of development and not a matter of concern.
  - Other parents feel that some daydreams or fantasies are not wrong but others are.
- In general, boys and girls become more interested in each other during puberty. Although sexual interest and thoughts are common, it is also quite normal to be sexually concerned, especially in the early years of puberty.
- Puberty is also a time of great mood shifts for most people.
  - Young people may feel discomfort with the changes in their bodies and feel self-conscious and emotionally distressed.
  - Mood shifts may be quick and unpredictable.
  - Crying over seemingly small matters is common for both boys and girls. It is nothing to be ashamed of.
- Increased feelings of independence are part of the normal development in adolescence.
  - Shifts between mature and childish behavior are common.
  - Relationships with parents will begin to change as young people assert their independence, which sometimes causes difficulties between youth and their parents.

*Adapted from "*La Sexualidad*" Curriculum Unit. Raptis Picco, Elizabeth. Latino Family Life Education Curriculum Series. Network Publications, a division of ETR Associates. Santa Cruz, CA 1990.

SEXUAL IDENTITY & ORIENTATION

⌛ **This topic has 2 activities. It should take about 30 minutes in total.**

OBJECTIVES

➢ To provide information and increase sensitivity about sexual orientation and sexual identity.

VISUALIZATION

⌛ **This activity should take about 10 minutes.**

PROCEDURES

❖ Have participants close their eyes. Tell them that you are going to guide them through an imaginary exercise. Wait until participants have closed their eyes and appear relaxed.

Visualization

"You are a young person. Your friends are all dating. You have met someone that you really like. You feel very excited and happy. Your friends, who are also dating, share their stories with you. You want to tell them about the person you are dating, but you are afraid. You are afraid to even tell them that you are dating because they will want to meet the person. You make up stories; you feel left out because you cannot share your story with them. When you go out on a date with this person, you want to hold their hand but you are afraid so you try to walk far from them. When you go out to dinner, you look into their eyes but you catch yourself and you look away, again afraid. You want to tell your family that you are so happy with this person but you are afraid. When someone invites you to a party or to a family gathering you want to bring that person but you do not because you are afraid. When people ask you whether you have a love interest, you lie because you are afraid."

❖ Once you have finished narrating the story, ask participants to open their eyes. Wait a couple of seconds before asking the following questions.

PROCESS QUESTIONS

- How did this make you feel?
- Why did you feel this way?
- Have you ever felt this way?
- Do you ever want to feel this way?

❖ Ask participants to share their feelings. Tell them that this is the way that gay and lesbian people feel a lot of the time.

❖ Tell participants that in this section we are going to be talking about *sexual orientation*. First, it is important to understand the language that is used when talking about human sexuality.

- Ask participants to define the words: *sex, sexuality, sexual behavior, gender,* and *sexual orientation.*

- Provide them simple explanations if they are not familiar with these terms (for example, Sexual orientation refers to whether a person is heterosexual, homosexual, or bisexual).

- Tell participants that:

  "This section is extremely important because it helps us understand where our fears, our beliefs, and attitudes come from when we talk about homosexuality and bisexuality. . For many of the youth who are struggling with issues of sexual orientation, having a person who has the correct information and who can provide nonjudgmental support is extremely important especially when considering safe-sex options. The realization of a homosexual or bisexual orientation can be difficult for many youth. They may be terrified of telling their family because they are afraid of being kicked out of the house or of being punished or rejected. Feelings of desperation, rejection, or low self-esteem because of the realization that one may be gay or lesbian may lead to suicide or to sexual decisions that are not healthy.

  Gay, lesbian, and bisexual youth are often humiliated, mistreated, made fun of, and even beaten. It is a fact that violence against gays and lesbians is very common. Some gays and lesbians have even been killed. Although parents may find it difficult to realize that their child may be gay, lesbian, or bisexual, parents should provide their children with the correct support and help them make healthy sexual decisions. Parents sometimes blame themselves or each other when they find out that their child is gay, lesbian, or bisexual, but a person's sexual orientation is no one's fault. No one knows why a person is homosexual or why a person is heterosexual."

  Jokes, or "chistes", in our communities perpetuate many of the stereotypes that we have about homosexuals. Some of these stereotypes may be based on "feminine boys" and on "masculine girls." Some homosexuals may fit this stereotype, but many do not. It is the experience of many Latino cultures that gay boys are not really boys and that lesbians are not really girls. These attitudes are wrong and they do nothing to help young people develop a healthy self-esteem and make healthy sexual choices.

  Gay and lesbian youth are at particular risk for HIV/STDS. Most sex education classes present curricula that assume that everyone is heterosexual. Not only does this type of sexual education neglect the needs of these youth, it reinforces the notion that they are no good, sinful, or sick. Many gay and lesbian youth have no help growing up as who they are. Although we may not agree with a person's sexual orientation, we should examine our own assumptions, stereotypes, judgments, and attitudes about people's sexual orientation."

- Divide the group into three (evenly if possible). This can also be a brainstorm exercise.

- Distribute a sheet of newsprint to each group. One person writes down the group responses.

- Read the following questions aloud and ask the groups to respond to all of them. Limit the response to one or two per questions, or you may ask each group to answer a given number of questions

PROCESS QUESTIONS

- What are the first three words that come to mind when you think about the word HOMOSEXUAL?
- What are the first three words that come to mind when you think about the word LESBIAN?
- What is the first image that comes to mind when you hear these words?
- Think back as far as you can to the first time you heard some of the words you wrote down on your paper.
- Think about one or two early messages you received about lesbians.
- Write down three ways that you think life is different for lesbians.
- What are some of your concerns about having a friend, daughter, sister, or other who is lesbian?
- How do people's appearance affect your judgment?
- Is your judgment affected by stereotypes?
- Has anyone ever made assumptions based on your appearance?
- How could your assumptions, attitudes, and beliefs affect a person's sexual safety?

❖ Have all the groups share their responses. Do not respond to any of their comments. After the participants share their responses, engage the entire group in the following discussion.

❖ Tell participants:

"We have talked about sexual orientation and some of the myths, feelings, perceptions, and stereotypes that we have about gays, lesbians, and bisexuals. Next, we will learn the facts about sexual orientation and encourage you to use this information to talk to your children about these issues."

DISTRIBUTE COPIES OF HANDOUT 2.7

❖ Tell participants that the information in the handout is developmentally appropriate. The levels correspond to the age of the child. Encourage them to use these guidelines when talking with their children about sexuality and sexual orientation.

❖ Remind participants that they may not necessarily agree with gays, lesbians and bisexuals. What is important is that they respect other's rights to live their lives.

NOTE TO FACILITATOR

Provide participants with the telephone number for the local gay and lesbian center.

REFLECTION EXERCISE

This activity should take about 10 minutes.

PROCEDURES

- Ask parents to close their eyes and think about their experiences going through puberty.
- Ask them:
  - "What happened?"
  - "How did you feel?"
  - "How did the adults treat you during this time?"
  - "Was it a pleasant or unpleasant experience?"
  - "How could it have been better?"
- Allow some time to think about these questions. Then ask: **"With what you know, what can you do to make it a better experience for your daughter?"**
- Allow more time for sharing.

ASSESSMENT OF LEARNING

⏳ **This topic should take about 15 minutes.**

PROCEDURES

❖ End the session by asking participants to respond to the following questions. You may lead the discussion in a "brainstorming" style. Address the questions to the large group and jot down participants' opinions on the newsprint.

- **What is the most important thing you learned in today's session?**
- **What concerns do you have about the session?**
- **What might have made the session more effective?**

NOTE TO FACILITATOR

Record and save participants' feedback for program evaluation purpose.

3

LA COMUNICACIÓN: STRATEGIES FOR EFFECTIVE COMMUNICATION

GOALS

This unit presents a culturally sensitive framework to organize and make sense of new information about sexuality. The topics include activities that practice skills and share information. Participants learn more about effective communication and how to talk about sexuality in ways that are positive and nonthreatening. Facilitators and participants together will validate and analyze the issues and contradictions that Latina girls, adolescents, and women face when they talk about sexuality.

TOPICS

1. COMMUNICATION STYLES AND HOW THEY AFFECT OUR RELATIONSHIPS WITH EACH OTHER (100 MINUTES)
2. "I FEEL ASHAMED." TALKING ABOUT SEXUALITY AND FEELING SAFE (20 MINUTES).
3. BRIDGING CULTURES (15 MINUTES).
4. VALIDATING CULTURALLY SHAPED FEELINGS (5 MINUTES).
5. MOTHERS & DAUGHTERS: REVIEWING COMMUNICATION ISSUES (20 MINUTES)
6. ASSESSMENT OF LEARNING (10 MINUTES).

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts

COMMUNICATION STYLES AND HOW THEY AFFECT OUR RELATIONSHIPS WITH OTHERS

⌛ This topic has 3 activities. It should take about 100 minutes in total.

OBJECTIVE

➢ Enhance effective communication knowledge and skills.

PROCEDURES

❖ Introduce this session by sharing with participants the following thoughts:

"The ability to communicate effectively with our parents and others about sexuality may be difficult but can be accomplished through practice. If we do not know how to ask questions about sex, HIV, and other STDs or to communicate clearly what we want and do not want, we may not get the information we need and consequently put ourselves at risk. In this section we will learn and practice effective ways to talk with others about sex, sexuality, and HIV/STD prevention."

"Different cultures allow for a wider range of expressing emotions. In general, Latinos are very emotional and expressive. We express ourselves with words and with our bodies using gestures and movements that may be normal to us but may seem exaggerated, intense, and even inappropriate to others outside of our culture."

"We may find other cultures' way of communicating weird, weak, or even incomprehensible. Your parents may have developed one way of communicating that is very different from yours. How we communicate is learned and is influenced by different things such as our culture, our parents, and our personal experiences throughout life. The way we communicate may or may not change. Many times we do not feel that we need to change our way of communicating because we believe it works for us, because it has served our purpose, or because we don't know any different."

"The mothers that we talked with told us that they were brought up communicating in one way and that sometimes they want to be able to communicate differently with their daughters because they feel that the way they were taught to communicate was hurtful and ineffective. They told us that they want to be able to help their daughters make wise and life-saving decisions but that they need help in communicating more effectively. They want to learn to talk to their daughters, tell them exactly what they feel without using words that hurt, without criticizing them, and without putting them down. They want to change the pattern of communication that they have learned to more effectively help their daughters through difficult situations and phases."

"When we get angry and say things that may hurt another person, we may feel good about it in the moment. As young people, it may seem that we need to prove that "no one can mess with you", and you may often feel like you have to tell others off or let them know that you are serious or that they better not "mess with you again." Many of us grow up having to

defend ourselves by fighting and showing others that we will not be pushed around. We may find it necessary to act this way to survive and to get respect, especially from our peers. This type of communication may be appropriate for some people some of the time. It may not be appropriate for others. For people we care about such, as our parents or our friends, some ways of communicating work better than others."

"We do not have to give up our cultural identities to communicate effectively. We do not have to lose face or lose respect or feel weak, "chicken", or weird. We can communicate effectively and feel good about ourselves, especially with people that we care about."

"The following are guidelines to effective communication styles. With practice, you may find these helpful when communicating with people that you care about. They may not work all of the time with everyone. These styles may be very different from what you are used to and may feel weird. Nevertheless, you will have the tools necessary to be able to communicate effectively and to practice this type of communication. The more you practice, the more

- In your own words, discuss different communication styles by making these points:
  - Some ways of communicating work better than others.
  - When communication works, you say what you want to say and feel good about it. Afterward, you will feel good about how you communicated and the fact that you did not go past the limits that you set for yourself.
  - When communication doesn't work, partners are put off or angry, you don't feel good about the conversation, or you haven't kept to your limits.

NOTE TO FACILITATOR

Familiarize yourself with the following text and convey this message about role-plays to participants.

A Word About Role Plays

In this learning manual facilitators present a series of dramatic skits (role-plays) or situations and ask participants to react to them. Sometimes facilitators will model certain behaviors and communication styles as participants observe. Generally participants themselves will be asked to role-play a situation or demonstrate a certain behavior.

The objective of using skits and role-plays is to illustrate a problem or skill approach and to generate total group response about it. Behavior modeling is a powerful tool to ensure that role-playing produces real learning and is carried over to real-life situations.

The learning for the role players ensues from the opportunity for skill practice, self-critique, and the critique from the total group. The learning for the group comes from observing, analyzing, and giving feedback. Role-players oftentimes engage in the "wrong way, right way" technique. The role-playing follows the facilitators' instructions. Participants observe the *improper* procedure demonstrated by the role players and critique it. Because the role players are only *presenting* a problem, their behavior is not subject to critique. Then the second role-play follows, which presents the *proper* behavior or communication style approach. Another discussion follows. At the end of a series of role-plays, facilitators will help participants summarize information from the role-plays.

To ensure that the skills practiced during the role-plays are actually carried over to real-life situations, the facilitators must give ample time to process the data generated by the role-plays. Processing means giving and receiving feedback about the behavior exhibited in the role-plays and critiquing (discussing, extrapolating general principles) the enactment.

THREE MAIN STYLES OF COMMUNICATION: PASSIVE, AGGRESSIVE, AND ASSERTIVE

⌛ **This activity should take about 45 minutes.**

PROCEDURES

❖ Tell participants that you and the co-facilitator are going to demonstrate three different communication styles. In your own words convey to participants the following message:

"We will demonstrate three different ways to communicate. They are called passive, aggressive and assertive communication. Then we will ask you to describe how you felt about each style. As you observe us, pay attention to what we do and what we say. Notice our body language and the tone of our voice, as well as the words we use. All of these are crucial parts of communicating."

Passive Style

❖ You can use the following situation to show a passive communication style, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize passive communication.

❖ Begin by describing the situation.

Role-Play Example Using Passive Communication Style:
Mabel and Josie have been friends for a long time. Josie borrowed clothes from Mabel in the past but never gave them back. Mabel does not want to lend Josie anymore clothing.

(Mabel's voice might be soft and faltering. She might be looking down and fidgeting.)

Josie: "Can I borrow a shirt?"

Mabel: "Well, um, if there isn't anyone else you can borrow one from, I guess I could let you borrow it."

❖ After the demonstration ask the following questions:

PROCESS QUESTIONS

- What did Mabel do and not do?
- Did she say what she meant?
- How do you think Josie will respond?
- How did Mabel feel?
- How did Josie feel?
- How is she going to feel about Mabel?
- How is Mabel going to feel about Josie?
- How is Mabel going to feel about herself?

❖ Introduce the characteristics of passive communication:

- Poor eye contact, soft voice and hesitant speech are all indicators of passive communication.
- Some people call this style of communicating as "the mouse," or "give in/give up/go along."
- In passive communication, you don't get the message across about how you feel or what you really need or want. You give in and agree with the person even though you don't want to. You may agree to something even if you do not want to do it. You may even condone the behavior you are against.

❖ Ask participants why passive communication doesn't work. Make sure the following points are discussed.

- You do not get the point across.
- You do not get what you want.
- You are not understood.
- You feel used.
- The other person doesn't get a clear message.
- You may agree with something you really do not want to agree with, or you may do something you really don't want to do.

- You do not come out of the situation feeling good about it or yourself.

Aggressive Style

❖ You can demonstrate the same situation to show an aggressive communication, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize aggressive communication.

❖ Begin by describing the situation.

Role-Play Example Using Aggressive Communication Style:
Mabel and Josie have been friends for a long time. Josie borrowed clothes from Mabel in the past but never returned them. Mabel doesn't want to lend her any more clothing.

(Mabel might have a stiff posture, a loud voice, mean glare, and be waving her fist or finger in Josie's face.)

Josie: "Can I borrow a shirt?"

Mabel: "You've got to be kidding! I'm not giving you anything. Do I look like Old Navy?"

❖ After the demonstration, ask the following questions:

PROCESS QUESTIONS

- What did Mabel do and not do?
- Did she say what she meant?
- How do you think Josie will respond?
- How did Mabel feel?
- How did Josie feel?
- How is she going to feel about Mabel?
- How is Mabel going to feel about Josie?
- How is Mabel going to feel about herself?

❖ Introduce the characteristics of aggressive communication.

- Some people call this style of communicating "the monster."
- Aggressive communication uses punishing, demanding, or threatening language. It does not consider the feelings or rights of others. It can include name-calling, threats, or hostile remarks, as well as nonverbal signs such a waving a fist, glaring looks, or yelling. Aggressive communication can escalate to physical assault.

❖ Ask participants to think about what works and doesn't work about this style. Make sure the following points are discussed.

- People may get short-term satisfaction out of aggressive communication, but it comes at a high price.
- Often, both people feel angry, humiliated, or ashamed at the end of the communication.

- The other person might feel badly used, angry, or resentful or might want to get even for being treated that way.

Assertive Style

- You can demonstrate the same situation to show an assertive communication style, or you can demonstrate your own. The important thing is to use all verbal and non-verbal cues that characterize assertive communication.
- Begin by describing the situation.

Role-Play Example Using Assertive Communication Style:
Mabel and Josie have been friends for a long time. Josie borrowed clothes from Mabel in the past but never returned them. Mabel doesn't want to give her any more clothing.

(Mabel should make direct eye contact and speak clearly. Both are strong signs of assertive communication that is respectful and sincere.)

Josie: " Can I borrow a shirt?"

Mabel: "Look Josie, I know you need a shirt for tonight, but I've lent you clothes before and you forgot to give them back. I'm not willing to lend you more clothes until you return what I already lent you. I've tried to help you, but it would really help me if you returned my clothes."

- After the demonstration, ask the following questions:

PROCESS QUESTIONS

- What did Mabel do and not do?
- Did she say what she meant?
- How do you think Josie will respond?
- How did Mabel feel?
- How did Josie feel?
- How is she going to feel about Mabel?
- How is Mabel going to feel about Josie?
- How is Mabel going to feel about herself?

DISTRIBUTE HANDOUT 3.1

- Discuss the characteristics of assertive communication, and make sure the following points are covered.
  - It is "good communication" or "telling it like it is."
  - It clearly tells someone how you feel and what you want or need in a way that doesn't threaten, punish, or put down.
  - It lets you express your thoughts and feelings without anxiety or fear.
  - It is direct and honest.

- It models for your children how they can effectively communicate with others, as well as how they want to be addressed or treated. It shows them how to address their feelings appropriately and effectively.
- It gets the point across without leaving you feeling guilty or out of control.
- It does not hurt your child's self esteem.
- Assertive communication is sometimes called the "me" style. When people use the "me" style, they usually feel more confident, in control, and get more positive reactions from others.
- Assertive communication is not something we are born knowing how to do. It is a way of expressing ourselves that can be learned.
- It takes self-awareness. Aggressive communication and passive communication can occur spontaneously, and it usually does. Assertive communication is an acquired skill that begins

BEST COPY AVAILABLE

REVIEW OF THREE COMMUNICATION STYLES

⏳ **This activity should take about 50 minutes.**

PROCEDURES

❖ Demonstrate the following situations with your co-facilitator. Ask participants to identify the communication style.

Role Play Situation 1

Hector asks María out and María says she will call him later that day to give him an answer. María doesn't call until a couple of days later. Hector really wants to date María but by then has already made plans for the night she calls. What does Hector say?

— "You have some nerve calling me this late. Did you think I would just sit around waiting for you to call?" [Aggressive communication]

— "I guess so, but couldn't we see each other tomorrow instead?" [Passive communication]

— "I'm sorry you didn't call me earlier, María. I already made plans for tonight. I would love to go out some other time." [Assertive communication]

Role Play Situation 2

Juan and Bethzaida have been going out for a while. Juan thinks they are ready to have sex. Bethzaida doesn't. What does Bethzaida say?

— "You guys are all the same, you just want one thing." [Aggressive communication]

— "Well, I don't know. I think my mom's waiting up for me."[Passive communication]

— "I care a lot about you, too. But I need to know you better, first, and even then there are some things we need to talk about before we do anything." [Assertive communication]

Role Play Situation 3

Diana brings up the subject of safer sex with Enrique. Enrique criticizes safer sex. that they don't need to worry about safer sex.) What does Diana say?

— "Are you stupid or just ignorant?" [Aggressive communication]

— "Well, I sort of see what you mean." [Passive communication]

— "I don't agree with you. I think safer sex is more important. It's a way of being close and showing that we care about each other and are responsible for each other." [Assertive communication]

Role Play Situation 4

Millie and her mother are about to go out shopping. Millie wants to buy a new pair of pants that show off her midriff and bellybutton. Her mom does not think that those pants should be worn by decent Latina señoritas.

What does her mom say?

— "Mira, what are you crazy, or do you like looking like a cualquiera?" (Aggressive communication).

— "Well, I think that maybe you should not dress like that."(Passive communication).

— "Millie, I see why you like these pants, but I think you are much too young to wear something so revealing. You can pick out a pair that you like as long as they cover your belly button." (Assertive communication).

How does Millie respond to her mother?

— "It's none of your business what I wear, I hate you and your stupid rules." (Aggressive communication).

— "Well, huh, I don't know, I ah, I think I like them." (Passive communication)

— "Mom, I know that they are a bit low, but it's the style mom. Don't worry, I know how to conduct myself. Just because I wear these pants mom, doesn't mean I am not responsible or decent." (Assertive communication)

❖ Congratulate participants on their ability to recognize different communication styles and on how much they have learned during this session.

❖ Remind participants that not everyone has as much information as they do. Part of becoming a responsible teen is telling other teens about how to get your point across without insults or violence.

❖ Ask participants to describe an event from the past week when they used or could have used an assertive response. Ask them to describe what they did and how it worked out. If participants cannot think of an event in their own lives, ask if they observed an incident in someone else's life; be ready with an example if they're stumped. Prompt with questions, such as:

PROCESS QUESTIONS

- What was the situation?
- What did you say that was assertive?
- How did the other person react?
- How did this make you feel?
- How did it work out?

❖ If things didn't work out well, use the problem-solving steps.

Assertive Style

❖ Ask what assertive communication is. Listen for these points and reinforce them. Give participants a chance to respond first. If you don't hear the following points, offer them yourself:

"Assertive communication is not something that we are born knowing how to do. It's a way of expressing ourselves that can be learned. It means:"

- **"Clearly telling someone how you feel or what you want or need in a way that doesn't threaten, punish, or put them down."**
- **"Being able to express yourself without anxiety or fear."**
- **"Communicating honestly and directly."**

❖ Ask what the benefits of assertive communication are. Make sure the following points are included:

- People who express themselves assertively feel more confident.
- They are able to say exactly what they need to.
- They are more able to get the results that they want.
- They feel good about the final result.
- They get positive reactions from others, especially from their children.
- They feel less anxious in social situations.
- In sexual situations, assertive communication can be a life-or-death matter.

Passive Style

❖ Ask what passive communication is and how people look and behave when communicating passively. Make sure these points are included:

- They do not clearly tell how they feel or what they mean.
- They express themselves in an indirect manner.
- They have poor eye contact, use soft voices and hesitant speech, and show nervous movements.

❖ If needed, prompt answers by referring to the previous session's communication demonstrations.

PROCESS QUESTIONS

- What did [leader's name] look like and do—or not do—when communicating passively?
- How do you know she didn't get her point across?
- Why doesn't this work? (Answer: Because you don't get the point across, you don't get what you want, you are not understood, you feel used, the other person doesn't get a clear message.)

❖ Ask for a volunteer to act out an example of passive communication.

Aggressive Style

- Ask what aggressive communication is. Make sure these points are included:
  - Expressing oneself in a way that is punishing, demanding, or threatening to the other person.
  - Failing to consider the feelings and rights of the other person.
- Ask if aggressive communication is effective and how participants themselves might feel if somebody communicated aggressively toward them:
  - The person might get what they want in the short term, but it comes at a high price.
  - Often, both people feel angry at the end of the communication.
  - The other person might feel badly used, angry, resentful, or vengeful.
- Ask what aggressive communication looks like and what participants have noticed when people communicate aggressively. Possible responses include:
  - Aggression can be expressed verbally or nonverbally.
  - Verbal aggression can include name-calling, threats, or hostile remarks.
  - Nonverbal aggression can include shoving, waving a fist, glaring looks, loud voice, or stiff body language.
- Ask for a volunteer to act out an example of aggressive communication.

NOTE TO FACILITATOR

Here you may introduce an activity to make the point that habits are hard to break (overcome resistance to change). The following exercise can also work as an energizer to get the group into action.

ARMFOLD EXERCISE

This activity should take about 5 minutes.

PROCEDURES

- Give the group this assignment while they are standing.

1. "Fold your arms."
2. "Raise your head and glance at the ceiling."
3. "Make a mental note concerning how your arms are folded; such as the right arm is placed over the left."
4. "Now reverse the position of your arms." (Most people find this awkward to accomplish).

Source: The Winning Trainer by Julius E. Eitington. Gulf Publishing Company, Houston, Texas, 1984, p.243.

- Ask: "**Was this hard to do? Why?**" (Answer: strength of habit.) Say:"**If we can't break a physical habit very easily, we can hardly expect to break one that is of an ingrained intellectual or emotional sort. So in trying to change habits (or a learned behavior) of others, be prepared for resistance.**"

"I FEEL ASHAMED." TALKING ABOUT SEXUALITY AND FEELING SAFE

This topic should take about 20 minutes.

OBJECTIVES

- Create a new way of talking about sexuality among Latinas.
- Learn basic information about sexuality that helps young women have healthier sexual lives.

PROCEDURES

- Explain that for many Latina girls and women it is difficult to talk openly about sexuality. The experience is different for everyone as it was found during the interviews with women and girls. Share with participants what other women have said.

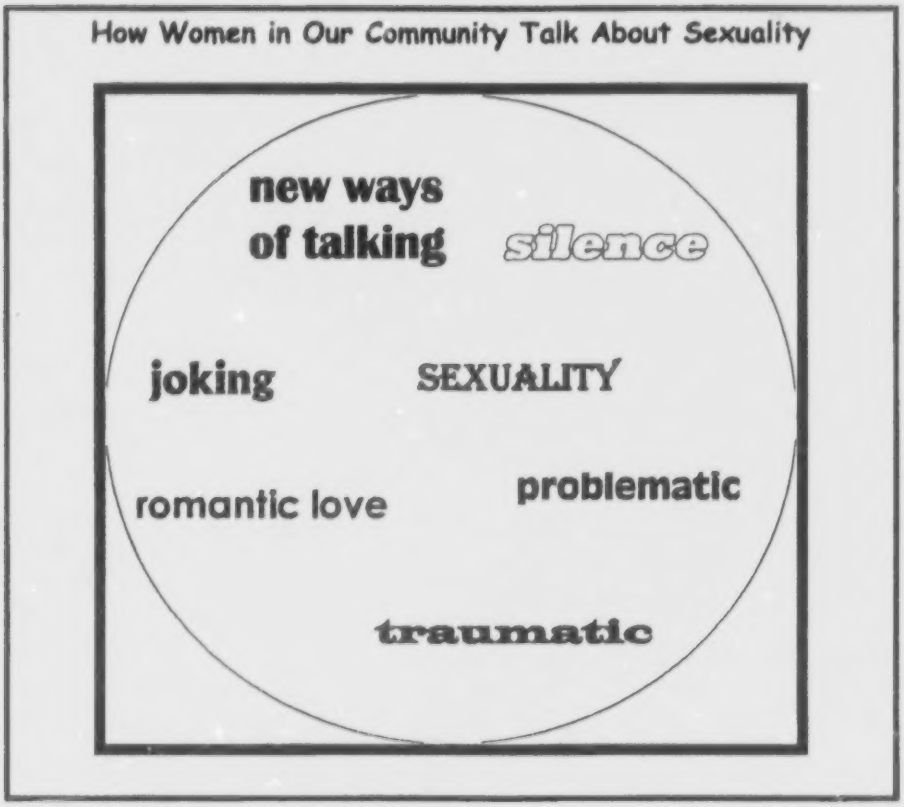
  "Some of the women and adolescents that we talked to said that they "never talked about that," others reported that they have tried, but felt shame, lack of courage, and pain just to think about the topic. Another issue raised was concern about what the family, neighbors, and friends ("el que dirán") will think and say if they know that they are talking about sexuality. A small group of Latinas said that they do talk about sexuality with sisters, cousins, mother, daughters, close friends, teachers, and nurses."

ON NEWSPRINT, COPY HANDOUT 3.1

- Present and discuss the chart *"How Women in Our Communities Talk about Sexuality"* (see next page) with participants.

PROCESS QUESTIONS

- What is missing from this picture?
- Are there other ways we can talk about sexuality?
- What kinds of conversations should women have so they can have healthy sexual lives?



- On newsprint or the board, draw a line with a positive sign on one end and a negative sign on the other. Explain that female conversation around sexuality can be very positive (as in romantic love) or can refer to very negative or painful situations when traumatic or problematic events are discussed.
- Acknowledge that these ways of talking about sexuality are real and important. However, we also need to develop new ways of talking about sexuality. This new way of talking about sexuality should help females of any age protect themselves and live healthy sexual lives. Explain that we are talking about conversations in which sexuality is discussed in positive and realistic ways.

(+)_____(-)

POSITIVE	REALISTIC	NEGATIVE
Romantic love	Positive Presents the facts about sexual behavior Recognizes that women have the right to information Teaches females how to live healthy lives and be happy	Traumatic Problematic Shameful Dirty

- Finish this section by stating that in this training program we intend to create a new way of talking about sexuality among Latinas. The purpose is to learn basic information about sexuality that helps females have healthier sexual lives.

BRIDGING CULTURES

⏳ This topic has one activity. It should take about 15 minutes in total.

OBJECTIVE

➢ Provide participants with a cultural framework to understand the context from which both mothers and daughters speak.

PROCEDURES

❖ Introduce this section by explaining that different cultures and families address sexuality education differently. Ask participants to give you some examples. Do not attach value judgments to the examples provided. Tell the group that we are not here to judge others. What is important is to understand the diversity of views about sexuality and the way in which that is communicated.

❖ Add that every culture communicates norms and taboos about sexuality. In the United States, a wide range of views exists about sexuality (norms, behaviors, attitudes, taboos, how people talk about it). This is because people come from different countries or have different cultural backgrounds.

❖ Read the following dialogue between a Latina mother and her daughter. They live in the United States and are talking about the difficulties they have when discussing sexuality topics.

LATINA MOTHER & DAUGHTER DIALOGUE

⏳ This activity should take about 5 minutes.

PROCEDURES

❖ Read the following dialogue aloud. Discuss when finished.

Mother: "In my eyes you are still my little girl. I want you to be happy; I want to protect you about *certain* things in life that can be very painful. I have been taught that the less you know about *these things* the less you will suffer. My mother never talked to me about *these things* either. Our tradition is not to talk to our children about *these things*. I am afraid that if you *know* too much, your reputation will suffer. People might think that if you know, it is because you have had sex. If this is the case, some people might want to take sexual advantage of you."

Daughter: "Mother, look at me. I am not as little as you think. I have seen and heard more things than you saw or heard when you were my age. I know that you want the best for me, but my life is different from your life, from when you grew up. I have so many questions, but I am afraid to ask. I am afraid to ask because you will feel shame and I do not want you to be feeling that way. I am afraid to ask you because you might punish me. Yes, if I ask questions you might not let me see my friends thinking that they are pushing me to experiment with sex. I am afraid to ask you because you might think that my curiosity

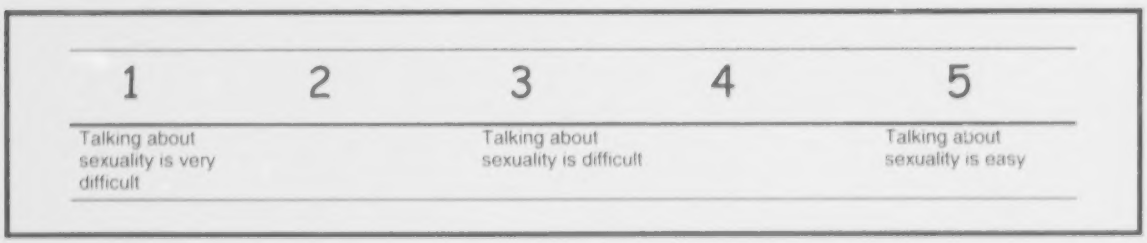
comes from doing something sexual and you will get upset with me. Mother open your eyes, times have changed."

Mother: **"I know times have changed. However, daughter, I have to tell you that every time I try to talk about a sexual topic, I do not have the courage or the confidence to do it. I feel so ashamed talking about these issues."**

PROCESS QUESTIONS

- What do you think is going on here? What is the problem?
- Does this dialogue reflect the experience of families in your community?
- Does this dialogue reflect the experiences of mothers and daughters in your community?
- In what way is this situation different and/or similar to your life?

- During the discussion, make the following points. Explain that the difficulties that mothers and daughters may have in talking about sexuality and how to live healthy lives, as illustrated by the dialogue, is typical for many Latino families. Messages received about sexuality from one's home and culture may be different from the general societal messages.
- Using newsprint or the blackboard, draw a line as shown in the picture. Explain to participants that a continuum exists for how difficult it is to talk about sexual topics. For example, for some families talking about sexuality is very difficult and for others, it might be easy.



- Share with participants some of the intergenerational and intercultural tensions mentioned by mothers and daughters during interviews.
- Ask participants where they would locate themselves on the continuum. Briefly explain that for many Latino families, and especially for women, there is a cultural explanation as to why it may be difficult to talk about sexual topics.
- Explain that the mother grew up in a culture where talking openly about sexual topics was not accepted and the daughter is growing up in two cultures with different points of view about sexuality.

Mother	Daughter
Mother grew up in one culture or community.	**Daughter is growing up in two cultures or communities.**
• Many Latino women have been socialized in a family and cultural context in which talking, reading, and listening openly about sexuality is not appropriate for a "decent" female.	• Girls and adolescents are growing up in a bicultural environment. The school, peers, and the media are socializing them as "Americans," and their families as Latinas at home. • As Latina girls, talking openly, reading, listening to sexual topics is taboo. • As "Americans" Latina girls are exposed to mainstream media messages that discuss sexual topics openly (news, talk shows, teen magazines, newspapers) or present explicit sexual images (movies, MTV). • Through the school curriculum Latina girls learn the names of body parts, function and other health issues.

VALIDATING CULTURALLY SHAPED FEELINGS

⏳ **This topic should take about 5 minutes.**

OBJECTIVE

➢ Acknowledge and validate cultural influences related to sexuality.

PROCEDURES

❖ Make the following points known to adult participants:

"It is okay to feel shame or to be embarrassed when discussing issues of sexuality. Most Latina women feel this way because that is the way they are raised. They were taught not to talk about sexuality and to feel shame about it and about their bodies. The important message to give participants is that it is okay to have those feelings. Throughout the training sessions we are going to respect this."

❖ Tell youth that during the training sessions they are going to learn basic and accurate sexuality information to help establish guidelines for their own sexual behavior. Emphasize that they have the right to this information and to live healthy sexual lives.

MOTHERS & DAUGHTERS: REVIEWING COMMUNICATION ISSUES

This topic should take about 20 minutes.

OBJECTIVES

- Raise participant's awareness and understanding of other women's similar or somewhat different experiences associated with talking about sexuality.
- Acknowledge that all these experiences are normal.
- Review some of the issues that Latinas face when they talk or do not talk about sexuality with young people.

PROCEDURES

- Explain that the purpose of this topic is to briefly review some of the issues that Latinas face when they talk or do not talk about sexuality with young people.
- Ask participants:

  "What makes it difficult to talk to mothers and other adults about sexuality?" or "What are the barriers to having a conversation on issues of sexuality with mothers and adults?" and "What makes it easy to talk to mothers and other adults about sexuality?"

- Write their responses on newsprint or on the board. Encourage group discussion and help participants reflect on their responses by asking: "**Why do you think these situations occur?**"

NOTE TO FACILITATOR

Do not spend too much time in the discussion. The goal is to help participants describe some of the communication issues that they might be encountering. Do not assign value or judge the communication issues described. On the contrary, validate them as a normal part of daily life experience.

USE HANDOUT 3.3

- Briefly present to the group how other Latina farmworker adults and adolescents describe the issues they encounter when talking about sexuality.
- Sum up the lessons learned and remind participants that skill development takes practice. The more we practice the better we become. Tell them not to be discouraged if they try to practice assertive communication and are not initially successful. Encourage them to think about at what point their communication style began to weaken. For example, what triggered an angry response?
- Encourage participants to practice assertive communication skills. Ask them to remember details of the situation: who they were with, what the issue was, what happened, what they said, how the other person reacted, how they felt about the way they handled themselves in the situation, and

how they could have handled it differently. They may choose to share their experiences during the next session.

- Tell participants that we will have other opportunities as a group to practice assertive communication. They will have a lifetime to practice assertive communication in their everyday lives.

ASSESSMENT OF LEARNING

⏳ **This topic should take about 10 minutes.**

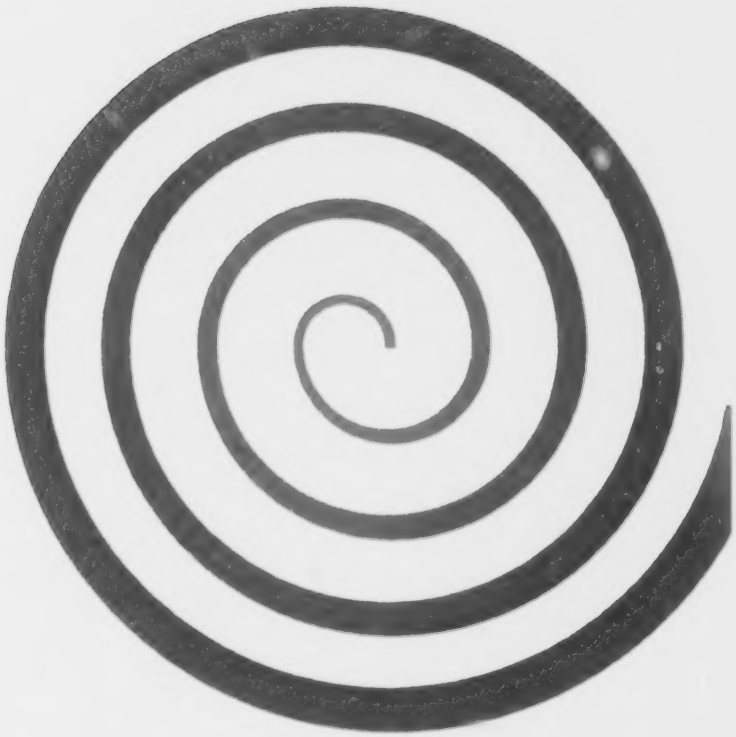
PROCEDURES

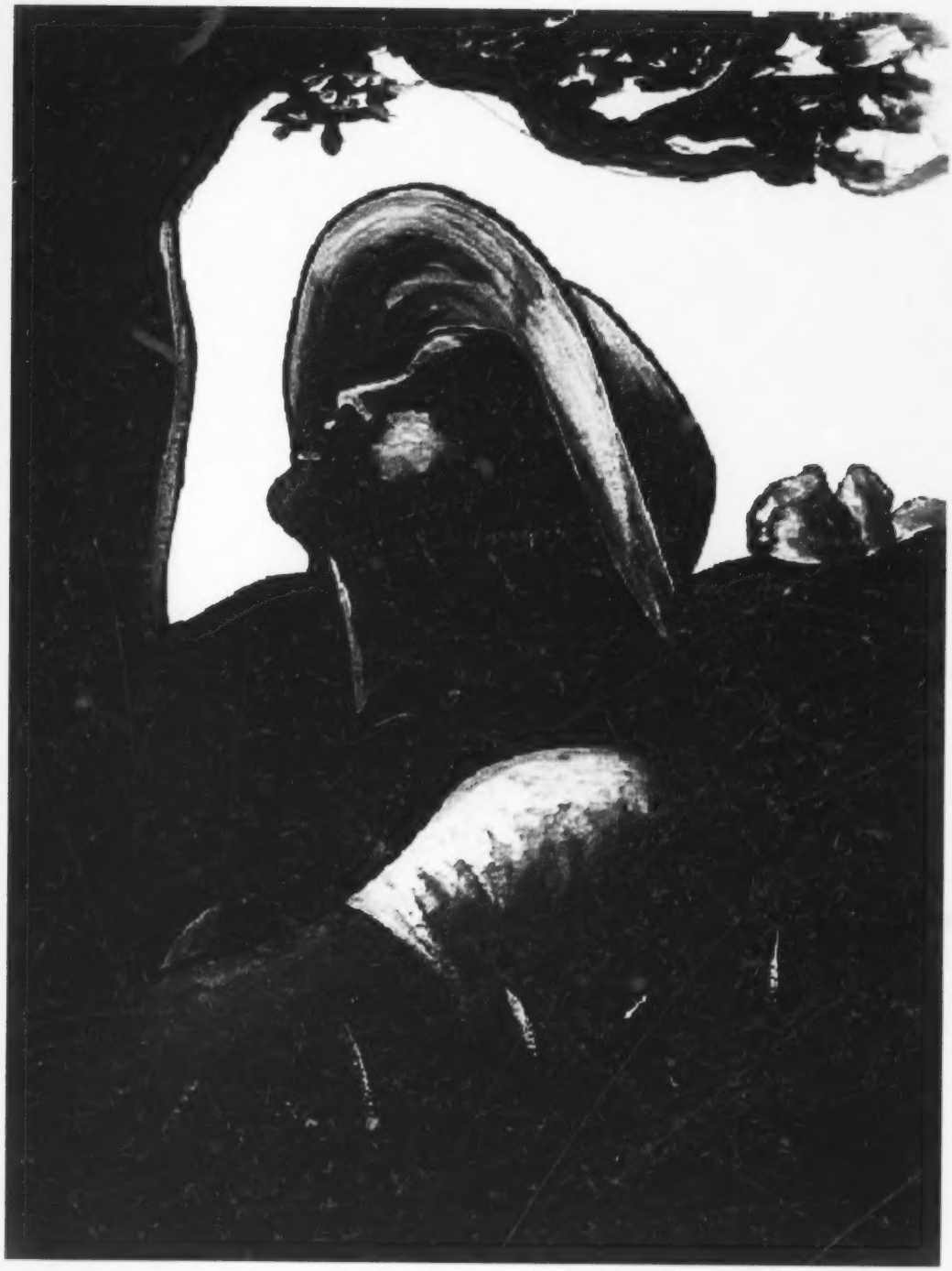
❖ End the session by asking participants to respond to the following questions. You may lead the discussion in a "brainstorming" style. Address the questions to the large group and jot down participants' responses on the newsprint.

- **What I learned in this session is...**
- **What I still need to learn more of is...**
- **What I will have difficulty in applying is...**

NOTE TO FACILITATOR

Record and save participants' feedback for program evaluation purpose.





4

RAISING CONSCIOUSNESS ABOUT HIV/AIDS AMONG FARMWORKING WOMEN

GOALS

The purpose of this unit is to raise awareness and consciousness about HIV as a health problem that can affect any person, especially women and adolescents in the farmworking communities. It provides participants with a culturally sensitive framework to make sense of sexuality information. Participants will be equipped with a cultural framework and language to draw from when talking about sexuality and HIV. Facilitators and participants together will explore the causes and consequences of HIV infection in the farmworking community.

TOPICS

1. THE WORLD AROUND US: A CLOSER LOOK AT HIV/AIDS AND LATINAS (5 MINUTES)
2. THE IMPACT OF HIV/AIDS AMONG LATINA FARMWORKERS (45 MINUTES)
3. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape

THE WORLD AROUND US: A CLOSER LOOK AT HIV/AIDS AND LATINAS

This topic should take about 5 minutes.

OBJECTIVE

- Provide participants with information on how AIDS is affecting the world and the United States, especially among women and Latinos/as. In addition, participants will be able to describe how their communities are at risk.

PROCEDURES

- Provide the participants with the following statistics. You can also include statistics from your state.

Information about AIDS

- In the world, approximately 41% of the 29.5 millions of adults living with HIV are women.
- In Latin America and the Caribbean, approximately 1.3 million HIV/AIDS cases and 19% of the infections are among women.
- In the United States HIV/AIDS was the fourth leading cause of death among U.S women aged 25-44 in 1996.
- Hispanics account for 19% of the HIV/AIDS cases reported in the United States through December 1997, and approximately 20,000 Hispanic women were diagnosed with AIDS.
- The percentage of adolescent AIDS cases among female teens in the United States rose from 14% in 1987 to 49% in 1997.
- Through 1997, African American and Latina teens accounted for 82% of the cumulative AIDS cases among young women aged 13-19 years in the United States.
- Between 1993 and 1996, gonorrhea rates among women aged 15-19 years were the highest.

Source: Centers for Disease Control and Prevention, Advocates for Youth Fact Sheet, November 1998.

PROCESS QUESTIONS

- Any comments or questions?
- Do you think HIV/AIDS is a problem? Why?
- Who do you think these health problems can affect?
- Do you think HIV/AIDS is or can be a problem here in the farmworking community?
- Who do you think can become infected with HIV?

THE IMPACT OF HIV/AIDS AMONG LATINA FARMWORKERS

This section should take about 45 minutes.

OBJECTIVE

- Introduce the topic of HIV and create an environment where participants can start thinking about this issue.

PROCEDURES

- Read one or two stories (see next page) about female youth infected with HIV, or other stories to which female adults and youth can relate. You may also ask participants to tell their own stories about facts they know or things they have heard about in their communities.
- After reading the stories, ask the following questions to elicit thoughts, feelings and attitudes.

PROCESS QUESTIONS

- What did you think when you heard this story?
- What did you feel when you heard the story?
- What do you think happened to (name of the person in the story)?
- Why do you think this happened?

NOTE TO FACILITATOR

It is important not to spend too much time on these questions. Just allow for one or two responses per question; the discussion will come later.

In the discussion, be careful not to reinforce stereotypes. The important point is that anyone who practices unsafe behaviors is at risk for HIV infection.

- Tell participants that: **"The following stories are based on real life situations. Some facts have been changed, and pseudonyms are used to protect individuals' identities."**

Latina Women & HIV/AIDS Infection Stories: Story 1

"Rosita, 18 years old, lived in a rural town in Mexico. She has been engaged to José, who is 29, since she was fifteen. Her family was supportive of this relationship because they knew José's family, and José seemed to be a good, responsible young man. Working as a farmworker, José had to travel a lot, back and forth from Florida to Maine.

One day, José started to feel sick and he developed pneumonia. The doctor diagnosed him with HIV. José went to a counseling program where a nurse explained to him how HIV was transmitted and what he needed to do to protect others from being infected with HIV.

José went back to his hometown in Mexico and asked Rosita to marry him and come to live with him in the United States. Rosita was extremely happy. She always wanted to be married and have six children. Breastfeeding her babies was her major dream. She thought that being a mother and breastfeeding her babies was all she needed to feel complete.

The same day that Rosita and José got married, José confessed to Rosita that he was infected with HIV. José also told Rosita that he needed to use protection so she will not be infected with the virus Rosita, who did not really understand what HIV infection meant—she thought it was like having a cold—told her husband that she did not mind having HIV like him because she loved him very much.

José and Rosita never used condoms when they had sex. Six months later, José and Rosita are living in the United States. Rosita is three months pregnant. When she goes to the doctor for her prenatal care, the doctor tells her that she is infected with HIV. Rosita tells the doctor that she does not care because her husband also has the virus.

As her pregnancy continues, Rosita learns some of the effects of having HIV. For example, she learns that she might infect her baby, that she is not going to be able to breastfeed her baby, and that she might get very sick or die from complications related to AIDS; she might not be there when her son or daughter grows up, gets married, and has children.

Now Rosita is very, very sad. She cries all day. Her dream of raising six children, breastfeeding them, and seeing her children grow up, get married, and have children might not come true." ✠

Latina Women & HIV/AIDS Infection Stories: Story 2

"María, 23, is a very smart young woman who is extremely good at mathematical problem solving. She is working towards a degree at a community college and making plans to go to a four-year college through a scholarship she won. María is "information hungry"; she loves to learn and considers herself very lucky. She feels lucky to be alive, healthy, and raising a healthy daughter, Jasmine.

When she was 15, María experienced what she thought was love. Jerry, a 22 year-old man started to send her love messages through her friends. María felt important and liked receiving those messages. She even felt butterflies in her stomach because she thought he was nice and attractive. A couple of weeks later, she ran away with Jerry. Her parents were concerned about her safety because they knew that Jerry was selling drugs, so they asked her to come back home. "You do not have to run away and live with him, come here and live with us," María's mother said. María and Jerry returned to her parent's home, which they shared with other family members.

The same day María turned 16, she found out that she was pregnant. She felt happy and scared at the same time. Jerry loved her unconditionally during the first two months of their relationship. Then, he started to go out with his friends and not come home until the mornings. Also, he would come home drunk and physically threaten her and her family. María was feeling sad. Nevertheless, her passion for learning continued. She was going to school to take parenting classes. It was during that time that she heard about *sexually transmitted diseases*, including HIV. From the symptoms, she discovered she had *herpes*, a sexually transmitted disease. She went to the doctor (who confirmed the diagnosis), got treatment, and learned she would have herpes for the rest of her life.

After María had her baby, Jasmine, she tried to win back Jerry, whom her family and neighbors now called her husband. She dropped out of school and followed Jerry wherever he could find a job. With time, the relationship became violent and one night he threw her out of the house with the baby. María took some money that a friend loaned her and went back to her parents' house. Although she felt humiliated and angry, she was able to return to school. A couple of weeks later, María had a flu that went on for several weeks. After consulting a doctor and undergoing some exams, María learned that she was HIV positive. Her husband had infected her, most probably after Jasmine was born.

María considered herself lucky because she learned very early that she had contracted the virus. This allowed her to start treatment immediately and take good care of herself. María's dreams are to finish the university, become a math teacher, and live long enough to see her daughter go to a community college just like herself. One sure thing, María will teach her daughter about love and what to do to protect herself. María does not want her daughter to make the same mistakes that she made in her life.

Latina Women & HIV/AIDS Infection Stories: Story 3

"Guadalupe is 27 years old. She is a widow with two beautiful twin boys who are three years old. Her husband Jorge, died seven months ago. Guadalupe married when she was 23 years old. The only man she has ever been with was her husband. She met him when he was working up north and went back home for the summer. She still remembers the first time she saw Jorge walking down the street. He had tight jeans and a white shirt on. He looked so fine and strong, and she loved his smile.

After being engaged for a year, Guadalupe married Jorge. Because Jorge's work involved traveling, the couple decided that it was best for Guadalupe to stay with her parents and for Jorge to be back with her off-season between June and September. He would work hard and send the money to Guadalupe so that they could save for a place of their own. At first, Jorge would send most of his money back home so that Guadalupe could take care of herself and the boys. After three years, Jorge would hardly send any money at all. When he came home, he seemed to be in a bad mood, was drinking heavily, and was abusive towards Guadalupe and their kids. Guadalupe thought this was because he was tired and stressed from all the work. She tried harder to please him and make him feel great while he was at home.

One day, after Jorge had returned to Florida, Guadalupe confided in Ana her sister. She told her about the money, the drinking, and his changes in mood and how badly he was treating her and the kids. Her sister told her that she often heard stories about men who went to work the fields up north and how they often drank, did drugs, and went out with prostitutes and spent all their money. Guadalupe became defensive and angry with her sister and refused to believe that Jorge may have been with other women. She believed that he loved her and would never be unfaithful. Her sister tried to get her to listen because she had heard of a couple of men who had been infected with HIV and had come back home and infected their wives. Guadalupe would not listen. She refused to talk to her sister again about this topic.

Four years later, Jorge came home unexpectedly before the season ended. This time, he did not look well and shortly after, he died. He was only 32 years old. After some time had passed, Guadalupe found out that Jorge had been infected with HIV and had been sick for a while and that he had been too afraid to get treatment in Florida because he was undocumented. When he became too sick to work, he decided to come home to die. He never told Guadalupe that he was infected with HIV and had developed AIDS."

ASSESSMENT OF LEARNING

⏳ **This topic should take about 10 minutes.**

PROCEDURE

❖ At the end of this session ask participants to complete the following sentences:

- **Today I learned that...**
- **This session made me feel like...**
- **Now that I have this information I will...**

NOTE TO FACILITATOR

You may write each sentence on flipchart or newsprint, affix the paper to the classroom walls with masking tape, give participants markers, and let them move around and write their responses on newsprint. If participant's literacy level is low, you may ask volunteers to write down their answers. Keep the newsprint with complete sentences for program evaluation purposes.

❖ An ice breaker may be appropriate here.

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UNDERSTANDING THE FACTS ABOUT HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

GOALS

This unit contains basic information about transmission and prevention of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs). Facilitators will reinforce that HIV is another type of STD and will encourage participants to seek treatment and screen for STDs as another way to prevent HIV. Participants will be able to identify different types of STDs and their symptoms, learn basic information about HIV and AIDS, describe what situations put women at risk of becoming infected, and learn concrete ways to prevent HIV transmission.

TOPICS

1. WHAT ARE SEXUALLY TRANSMITTED DISEASES? (30 MINUTES)
2. DEFINITION OF HIV & AIDS (15 MINUTES)
3. TRANSMISSION OF HIV (50 MINUTES)
4. BASIC INFORMATION ABOUT TESTING FOR HIV INFECTION (10 MINUTES)
5. PREVENTING HIV INFECTION (10 MINUTES)
6. TREATMENT (10 MINUTES)
7. ASSESSMENT OF LEARNING (10 MINUTES)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts
- ❑ Box of condoms for participants (as many condoms as the number of participants)
- ❑ Set of lubricated and unlubricated condoms for demonstration
- ❑ Phallic objects to be used in condom demonstration (eg., bananas, cucumbers, carrots, or fingers)

WHAT ARE SEXUALLY TRANSMITTED DISEASES?

This topic should take about 30 minutes.

OBJECTIVES

- Provide the facts about STDs.
- Reinforce the importance of screening for and eliminating other STDs as a step in preventing HIV infection.

PROCEDURES

- Tell participants that:

  "STDs are a group of diseases that are transmitted from person to person most frequently by sexual contact. Sexual contact is any kind of contact involving the penis, vagina, mouth, or anus. A person may be infected with more than one STD at the same time. We do not develop immunity to any of these diseases and except hepatitis B, no vaccine is able to prevent them. Serious complications can occur with some STDs like syphilis and gonorrhea. For example, a person who has syphilis or gonorrhea may be more vulnerable to HIV infection."

- Ask participants, "What do you know about STDs? What do you understand about them?

- State that:

  Symptoms are not always noticed or may not always appear. In some cases, women may not have symptoms, but men do. In other instances, men may have no symptoms, but women do. In all cases, individuals with STDs require medical attention.

- Ask the group to identify which STDs they know about and those they think are the most prevalent in their community.

- Use one of the STDs mentioned by the group as an example of a common problem that may produce different symptoms and long-term effects for men and women. For example, herpes can cause blisters, pain, and irritation for both men and women. Long-term impact of herpes infection among women may lead to an abnormal Pap smear (cells on the cervix that are not normal). Gonorrhea among men can cause a drip or heavy discharge that makes them seek treatment. For most women, no discharge occurs. Women can have gonorrhea or chlamydia and not even know it.

DISTRIBUTE COPIES OF HANDOUT 5.1

- Briefly review the handout with participants. Stress that :
  - HIV is an STD and that after we look at several of the STDs we will turn to learning about women and HIV.
  - STDs such as gonorrhea, syphilis, and herpes facilitate the transmission of HIV.
  - The importance of eliminating other STDs as a crucial step in preventing HIV infection.

DEFINITION OF HIV/AIDS

This topic should take about 15 minutes.

OBJECTIVE

- To provide basic information about HIV/AIDS.

PROCEDURES

DISTRIBUTE HANDOUT 5.2 HIV/AIDS RELATED TERMINOLOGY

- Allow a few minutes for reading. Then, one at a time, say one of the terms and ask a person to read the definitions.

NOTE TO FACILITATOR

If the group has a low literacy level, write definitions on newsprint and read them aloud.

- Ask a volunteer to explain the concept in her own words to make sure the concept is understood.
- Answer any questions that participants may have.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome.

A = **Acquired**	Something you get after you do something. Not inherited.
I = **Imrnuno**	Immunological system is the body's biological defense that fights infections and diseases.
D = **Deficiency**	That does not work properly.
S = **Syndrome**	A group of symptoms and diseases.

AIDS is a disease in which the body's immune system breaks down. Normally, the immune system fights off infection and certain other diseases. When the system fails, a person with AIDS can develop a variety of life-threatening illnesses.

WHAT CAUSES AIDS?

AIDS is caused by a virus called the human immunodeficiency virus, or HIV. A virus is one of the smallest "germs" that can cause disease. As HIV disease progresses, a gradual deterioration of the immune function occurs and makes an individual particularly vulnerable to the illnesses that are typical of AIDS, the end-stage of HIV infection.

WHAT IS AN OPPORTUNISTIC INFECTION?

An opportunistic infection is an illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes, and other organs.

WHAT DOES "WINDOW PERIOD" MEAN?

The window period refers to the time between when a person becomes infected and when the HIV tests can begin to detect either the antibodies or the virus. The window period can be from two weeks to six months long. During this period, a person can transmit the virus to others, even before they know they are infected.

TRANSMISSION OF HIV

⌛ **This topic has 2 activities. It should take about 50 minutes in total.**

OBJECTIVES

- Learn how HIV is transmitted.
- Learn what situations put women at risk of becoming infected with HIV.

HOW IS HIV TRANSMITTED?

⌛ **This activity should take about 15 minutes.**

PROCEDURES

- Ask participants to explain how HIV enters the body or how you get HIV. Make sure the following points are covered in the discussion.
  - Sexual intercourse with an infected person
  - Sharing contaminated needles and works with someone who is infected
  - Transfusion with infected blood
  - HIV infection and pregnancy

Sexual Tranmission

- Explain that HIV can be transmitted by vaginal, anal, and oral sex. Transmission can occur from male to female, female to male, female to female, and male to male, among monogamous or non-monogamous sex partners, through consensual sex or through forced sex.
- Present the following as the risk behaviors for sexual transmission of HIV:
  - Unprotected anal intercourse with an HIV-infected person or a person whose HIV status is unknown.
  - Unprotected vaginal intercourse with an HIV-infected person or a person whose HIV status is unknown.
  - Unprotected contact of mouth to penis with an HIV-infected person or a person whose HIV status is unknown, especially if blood or lesions are present on the penis or in the mouth even if undetected.
  - Unprotected contact of mouth to vulva with an HIV-infected person or a person whose HIV status is unknown, especially if blood or lesions are present on the vulva or in the mouth even if undetected.
  - Any other exchange of blood, semen, or vaginal secretions with an HIV-infected person or a person whose HIV status is unknown during sexual or other activities.
- Emphasize that all sexual activities that include exchange of specific body fluids such as semen, precum, vaginal fluids, and blood (including menstrual blood) carry the risk for HIV infection. It is

not enough to say body fluids. Specify: "**All activites that exchange blood, semen, vaginal secretions, breast milk carry the risk of HIV infection.**"

- Mention that some partners may practice anal intercourse and oral sex as a form of birth control. The rate of HIV transmission from men to women is greater because the penis penetrates the vagina or anus. However, women can and do spread the virus to male partners but at a lower rate than do men to female partners.
- Focus on the behavior and avoid labels or focusing on groups of people. It is not the person but the behaviors that puts you at risk.
- If participants have questions about casual transmission of HIV, state no scientific evidence exists that HIV is transmitted through any other means than the exchange of body fluids. Whether through sexual contact, drug equipment sharing, or transmission from mother to child, the infected person's body fluids must enter the body of the uninfected person for infection to occur.

Sharing Contaminated Needles And Works

- Emphasize that HIV can be transmitted by both needle and works sharing, whether by injecting (intravenous) or skin popping (under the skin or into the muscle) or both. Other needle-sharing risks include:
  - Tattoos
  - Ear, nose, or any form of body piercing
  - Vitamin shots, insulin shots, steroids, or any other needle sharing activities (outside health care settings).
- Explain that the best way to avoid being infected through needle use is not to share needles or works and to make sure that all needles are cleaned before use. Tell participants,

  "**You can not tell by looking at a needle whether it is clean. Any reused needle can still have blood in it. If the blood contains HIV, it can cause infection.**"
- Review the following steps for cleaning needles.

  1. Put the needle into a cup with bleach (Clorox) and fill the syringe.
  2. Empty bleach from the syringe and repeat the bleaching step.
  3. Flush the syringe by filling it with clean water and emptying it.
  4. Repeat the flushing step at least three times.
  5. Make sure that the syringe is free from blood and bleach before you use it to inject.

Transfusion with Infected Blood

- Focus on blood exchange. HIV can be transmitted through blood transfusion, but not the act of giving blood. Stress that since 1985, blood in the United States has been tested, so risk is now very slight. Stress that blood transfusions in other countries may pose a threat for the transmission of HIV.
- In the United States, no one can get HIV from giving blood. New needles are used for each blood donor. To protect those receiving donated blood, people who donate blood should not engage in activities that put them at risk for HIV infection.

Drug Use

- Stress that drug use is associated with HIV transmission because repeated drug use can lead to:
  - Blackouts: temporary loss of consciousness.
  - Poor judgement: You engage in behavior that you may not have otherwise engaged in.
  - Exchange of sex for drugs (eg, crack, ice, cocaine, or alcohol)

HIV and Pregnancy

- HIV infection in children is closely associated with the HIV epidemic in women. Explain that a pregnant woman can pass HIV through the placenta or during the birth process when blood is present.
- Discuss all the ways of transmitting HIV to infants, including through breast milk.
- Discuss the difference between having maternal antibodies at birth and being infected with HIV.
- Explain that infants' immune systems are immature and that the newborn (up to 15 months or more) may show the mother's antibodies and not his or her own. These are called passive antibodies.

HIV Prevention for Infants

- Explain that the best way to prevent infection among children is to prevent infection among women. Indicate that the following recommendations are being carried out to reduce mother-to-child transmission. Pregnant women should receive prenatal care that includes:
  - HIV counseling and testing.
  - AZT treatment for infected mothers during pregnancy and delivery.
  - AZT treatment for infants after birth.

HOW HIV IS NOT TRANSMITTED

This activity should take about 5 minutes.

PROCEDURES

DISTRIBUTE HANDOUT 5.3

- Ask participants to give you examples on how HIV is <u>not</u> transmitted. Clarify and rectify information, if needed. Stress that it is not easy to get infected with HIV.
- Give the "HIV is Not" handout (text and pictures) to members of the groups.
- On the board write "HIV is Not."
- Each person who has a card should read it aloud to the group and post the card on the board under "How HIV is Not Transmitted." Note that some people fear that HIV might be transmitted in other ways. However, no scientific support for any of these fears has been found.

SAFER SEX

This activity should take about 30 minutes.

PROCEDURES

- Stress that the best way to avoid being infected with HIV is not to have intercourse.
- Explain that if you are having intercourse, the best way to avoid the exchange of body fluids during vaginal or anal sex or through oral sex on a man is to use latex condoms correctly and consistently during each sexual encounter. Explain that the dental dams are a safety measure that may be used when engaging in forms of oral sex that involve mouth to vagina or mouth to anus.

The Female Condom

- Explain that the only female controlled safer sex method to date is the female condom. Proceed with the demonstration.
- Stress that the only contraceptive that can help protect against HIV and other STDs are condoms, not birth control pills, Norplant, diaphragm, sterilization, or tubal ligation.

Condom Demonstration

NOTE TO FACILITATOR

Nosotras Viviremos discourages the use of dildos for condom demonstrations.

- Before introducing this section, explain that: **"This is an explicit condom demonstration that will include the use of a fruit, vegetable, or fingers."**
- Explain that some women are unable to suggest safer sexual practices or other changes because their partners may be prone to violent or other dangerous reactions to suggestions regarding sex or other changes in the relationship. Some women may be having sexual intercourse against their will. A woman who says that she is afraid of her partner should be believed and urged to use caution in any negotiations, especially on sensitive issues, to avoid possible repercussions.
- Tell participants: **"If anyone in this group needs additional information or has questions about battering relationships, please see me after this session. We have resources we can offer you."**

NOTE TO FACILITATOR

Provide participants with a list of local resources, such as domestic abuse and rape hotlines, telephone numbers for battered women's shelters, counseling programs, and other appropriate resources.

- Conduct a condom demonstration for use in vaginal, anal, or oral sex. You will need the following materials: latex condoms, bananas, cucumbers, your fist or fingers, lubricant

- Review the following procedures:

  1. Check the expiration date, open the package, and check the condom for damage.
  2. Do not use teeth, nails, or any other sharp object to open the package as these may tear the condom.
  3. Squeeze the tip of the condom to release excess air.
  4. Roll the condom down to the base of the erect penis (fingers).
  5. After ejaculation, remove the condom, holding the open end to prevent fluid leakage or condom slippage.
  6. Dispose of condom. Do not reuse it.

- Remind participants that there are many reasons why we do not always use condoms.

- State that:

  "Different sexual activities have different levels of risk. It is less risky to perform oral sex - even without a condom - than to have vaginal intercourse. Anal intercourse without a condom is the riskiest activity of all. Giving a man a "hand job" is the safest. If you are in a situation where you are going to have sexual intercourse but cannot use a condom, think about safer-sex activities that do not involve intercourse."

- Explain that the dental dam is a safety measure that may be used when engaging in forms of oral sex that involves mouth to vagina (cunnilingus) or mouth to anus (anilingus). The use of the barrier prevents the passage of body fluids.

- Demonstrate the following steps to show how to create an oral sex barrier from a condom:

  1. Open the condom package to make an oral sex barrier using a dry unlubricated condom cut lengthwise.
  2. Place the barrier between the tongue and the stimulated area.
  3. Dispose of the condom. Do not reuse it.

BASIC INFORMATION ABOUT TESTING FOR HIV INFECTION

This topic should take about 10 minutes.

OBJECTIVES

- Provide basic HIV testing information.
- Encourage testing for HIV.

PROCEDURES

- Explain that most HIV tests look for antibodies to the virus. When the virus enters the body, the immune system responds by making proteins called antibodies. The newer and more expensive viral load test looks for the actual virus in blood.
- Explain that HIV antibody testing is not an AIDS test. It's a blood test to determine whether the person has been infected with HIV. This test looks for HIV antibodies. In other words, when a person is infected with HIV, the body starts to respond to the infection by producing antibodies to try to protect itself from HIV infection.
- Explain that it takes the human body from 3 - 6 months or more to begin to produce these HIV antibodies after initial infection (this is known as the window period). The viral load test can detect the virus within weeks.
- Stress that a person must wait until at least three months after the last risk behavior for HIV to get tested. Then repeat the test at 6-month intervals to make sure that the test is correct and make sure that he or she does not engage in any other risky behavior.
- Explain the difference between anonymous and confidential testing and discuss the consequences of testing on immigration status as well.
- Explain that HIV testing should always include counseling before and after the test. This counseling is to help you understand your results, how to protect your own health, and (if you are infected) how to keep from infecting other people.
- Provide participants with the phone number of the local health department for counseling and testing information and services.

PREVENTING HIV INFECTION

This topic should take about 10 minutes.

OBJECTIVES

- Reinforce abstinence as the most effective way of preventing HIV infection.
- Reinforce condom use as an effective way to prevent HIV infection.

PROCEDURES

- Reinforce that the only way to prevent infection is to avoid behaviors that put you at risk. The best ways to prevent transmission are:
  - Not having sex. Abstinence.
  - Always using a new condom each time you have intercourse.
  - Not sharing needles with an infected person.
- Reinforce that condoms are an effective way to prevent transmission. The proper and consistent use of latex condoms when engaging in sexual intercourse —vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases (STDs), including HIV infection.
- Explain that latex condoms, not lambskin condoms, provide a barrier to HIV. For maximum protection, condoms must be used correctly.

TREATMENT

This topic should take about 10 minutes.

OBJECTIVE

- Provide participants with basic information about medical treatment.

NOTE TO FACILITATOR

Treatment options are constantly changing. As a *"Nosotras Viviremos"* facilitator, you are responsible for providing basic information. You are not expected to be an expert on HIV/AIDS. The following is a brief explanation on treatment that is appropriate for this program.

A Word About New Drugs and Their Limitations

Protease inhibitors are new types of drugs to treat HIV infection. They work by inhibiting the HIV protease enzyme. When this enzyme is blocked, the virus cannot reproduce. When protease inhibitors are taken in combination with other anti-HIV drugs, they have been shown to reduce levels of the virus, sometimes dramatically. Once the levels of virus are reduced, the CD4 (T-cells) increase and thus reduce mortality (death) rates.

Some HIV-positive people who have taken combination therapies experienced enormous improvements in their health and well-being. Unfortunately, not all HIV-positive people experience these benefits. Some people experience side effects.

The drugs have a number of limitations. Besides their cost, which limits access by the poor, they are complicated to use correctly. For example, some new drugs require refrigeration, which is nearly impossible for someone living in temporary housing or who spends all day working outdoors. If the drugs are not used correctly or consistently, strains of HIV that are resistant to current drugs could emerge. Protease inhibitors have not yet been studied over the long-term, so no one is sure how long the benefits of new drugs will last or whether chronic use will lead to significant toxicity.

- Encourage people to get further information by contacting their city, county, or state health departments, the Centers for Disease Control and Prevention (CDC), and any local or national AIDS information entity.
- Explain that to date, no cure for HIV/AIDS exists. However, recent treatments have shown dramatic effects on people living with AIDS. As a result of these developments, some people are living longer and healthier lives.
- Explain that you will be available for the next half-hour or so to answer individual questions or concerns. Remain until you are sure that everyone has gotten a chance to speak to you privately.

ASSESSMENT OF LEARNING

This topic should take about 10 minutes.

PROCEDURES

- At the end of this session ask participants to answer the following questions:
  - **What was the most important thing that we learned in this session?**
  - **How can we learn more about this issue?**
  - **Now that we have this information what will we do?**

NOTE TO FACILITATOR

Write participants responses on newsprint. Keep the newsprint with complete answers for program evaluation purposes.

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LAS DESTREZAS: SKILLS DEVELOPMENT FOR YOUNG WOMEN*

*This chapter was adapted from *Becoming a Responsible Teen: An HIV Risk Reduction Program for Adolescents*, ETR Associates.

GOALS

The topics presented in this unit will lead participants to discuss different attitudes associated with the use of condoms. Young women will learn how to overcome embarrassment about buying condoms, develop persuasive arguments about the importance of using condoms, explore ways people can negotiate safer sex, and be able to use condoms correctly and consistently. Each and every participant will have a chance to practice effective communication skills. The development of assertive communication skills will help young women identify and leave risky situations, and avoid risk behaviors.

TOPICS

1. DEVELOPING CONDOM USING SKILLS (30 minutes)
2. PRACTICING COMMUNICATION SKILLS (60 minutes)
3. "SI ME QUIERES, DEMUÉSTRAMELO:" PRACTICING ASSERTIVE COMMUNICATION (30 minutes)
4. GETTING OUT OF RISKY SITUATIONS (20 minutes)
5. ASSESMENT OF LEARNING (10 minutes)
6. PROGRAM SYNTHESIS: AN INTEGRATION OF KNOWLEDGE, MOTIVATION, ATTITUDES & SKILLS (30 minutes)
7. CLOSING (10 minutes)

MATERIALS

- ❑ Set of markers or felt-tip pens
- ❑ Pad of newsprint (or flipchart paper)
- ❑ Easel
- ❑ Masking tape
- ❑ Copies of handouts

DEVELOPING CONDOM USING SKILLS

This topic has 3 activities. It should take about 30 minutes.

OBJECTIVES

- Discuss positive and negative attitudes about condoms.
- Discuss the consequences of negative attitudes about using condoms.
- Overcome embarrassment about buying condoms.
- Develop persuasive arguments about the importance of using condoms.

EXPLORING REASONS FOR USING OR NOT USING CONDOMS

This activity should take about 10 minutes.

PROCEDURES

- Ask group participants to brainstorm different reasons why people use and do not use condoms. To facilitate the brainstorming you can ask participants what they have heard people say about why they use or do not use condoms.

- Read the following statements to the group:

  - "Condoms take away the feeling." *"No se siente igual."*
  - "Sex feels more natural without a condom."
  - "Sometimes girls don't use condoms because they have a boy that they want to keep, and it gives them the opportunity to become pregnant."
  - "Sometimes the couple does not know they are going to have sex, it just happened. They do not have time to use a condom."
  - "You have to use condoms all the time with every partner."
  - "If you love someone for life, it is safe not to use condoms."
  - "If you are married, you do not have to use condoms."

PROCESS QUESTIONS

- What do you think about the reasons people give to use or not to use condoms?
- How do you feel about these opinions?
- What are the consequences of not using condoms?
- What can happen to an adolescent if she/he does not use condoms?

- Make the following points:

  - All it takes is one unprotected act for someone to become infected with HIV.
  - It is not enough to use latex condoms "sometimes." If you are going to be sexually active and want to reduce your risk of HIV infection, you have to protect yourself by using a latex condom correctly every single time that you have vaginal, anal or oral sex.

- Besides using condoms every time, you need to use them correctly. Latex condoms break more often when they are not used correctly. Even if it doesn't break, the condom may not protect you if you use it incorrectly.
- It does not matter how old you are; if it is the first, second or third time you have unprotected sex; if you are married or if you are in love. All it takes is one unprotected sexual act.

OVERCOMING EMBARRASSMENT ABOUT BUYING CONDOMS

This activity should take about 10 minutes.

- Remind participants that they will have to get their own condoms if they choose to be sexually active and choose to stay safe.
- Ask participants the following questions:
  - "What are some places where you could go to get condoms?"
    i.e. drugstores, clinics in schools, community health centers/clinics, local department of health, supermarkets
  - "Do any of you have a story you can share about getting or buying condoms? It can be successful, embarrassing, or funny."
  - "Why is it embarrassing to talk about or buy condoms?"
- With the participants, brainstorm strategies they might use for overcoming embarrassment about purchasing or obtaining condoms. Write the answers on the chalkboard.

Strategies:

_____

_____

_____

_____

- Lead the group through a visualization of a successful condom purchase.

Visualization

"Now I want each one of you to close your eyes. Imagine you are walking up to the counter with a box of condoms. You are calm and relaxed. You put down the box of condoms. The clerk rings up your purchase and tells you the price. You pay for them. The clerk puts the box of condoms in a bag. You say "Thanks" and walk away, feeling good about pulling this off."

- Explain that "visualizing" a successful condom purchase is one way to feel more comfortable purchasing condoms.
- Ask the group to shift their point of view from themselves to the clerk. Ask them:
  - "Buying condoms in a store may seem like a big deal for you. Why is it not a big deal for the clerk?"
  - "What's more important: What the clerk thinks or whether you and your partner are safe?"
- Summarize by saying: "

  "The clerk sells condoms, lubricants, and spermicides all day. Clerks take little personal interest in the purchase. It's just their job. Even if it is somewhat embarrassing for you, embarrassment won't kill you. Protecting yourself from HIV by buying condoms is an important enough reason to get over embarrassment you might feel. The next step is to be sure that everyone knows the correct way to use condoms."

COUNTERING BARRIERS TO USING CONDOMS

- This activity should take about 10 minutes.
- Ask participants: "Why do some sexually active teens not want to use condoms?"
- Write all of the excuses on the chalkboard or newsprint.

Reasons Why Teens Do Not Want to Use Condoms
_____
_____
_____
_____
_____

- Point to each excuse listed, one at a time, and ask participants to propose counter-arguments that support condom use. Some examples are :

Excuse	Counter-Argument
Condoms kill the mood, and they don't feel good.	They kill the mood only if you let them. With a little imagination, condoms can actually increase feeling.
People who use condoms do not trust each other.	It is not a matter of trust; it is a matter of caring about yourself and your partner. People who use condoms are responsible, health-conscious people who care about their families, themselves, their partners, and their communities.
Girls who carry condoms are whores.	Girls who carry condoms are smart. They are looking out for their health, and for their partner's.
Why does my boyfriend need to wear a condom if I am on the pill?	The pill protects against pregnancy but doesn't prevent sexually transmitted diseases (STDs). Only latex condoms prevent STDs, including HIV infection.
Only people with diseases use condoms.	You cannot tell by looking if a person has an STD or is infected with HIV. Many infected people do not know they are infected. A person can look and feel healthy and still be infected.

❖ Summarize by making this point: **"Using condoms correctly during sexual activity is a central part of becoming a responsible teen and acting responsibly to protect yourself and others."**

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PRACTICING COMMUNICATION SKILLS

This topic has 2 activities. It should take about 60 minutes.

OBJECTIVE

- Learn effective ways to negotiate safer sex with partners.

PROCEDURES

- Read the following scenario:

> **Scenario**
>
> Ana and Roberto have been going out for about 2 months. Roberto is very nice and treats Ana well. Ana's parents really like Roberto and both families have known each other for a long time. Both Ana and Roberto are beginning to feel strong sexual feelings toward each other and are considering a sexual relationship.

- After presenting the scenario, present the following questions:

PROCESS QUESTIONS

- The main characters of this story are just starting their sexual relationship. Should they be concerned about HIV? Why?
- If you were in the same situation with a partner, what would you do?
- How would you decide if this was the right time in your relationship to have sex?
- How would you feel about talking with a partner about safer sex?
- What could you say?
- How comfortable would it be for you?

- Tell the group that now we are going to apply what we have learned in the story to our own lives and learn some concrete problem-solving skills.

FIVE STEPS TO PROBLEM SOLVING?

This activity should take about 25 minutes.

- Tell participants that this activity features a problem-solving method that can help them figure out how to communicate in potentially risky situations.

DISTRIBUTE HANDOUT 6.1

- With the group, develop a list of potential risky situations that may include being alone together, being away together, using pot, alcohol, or other drugs, and going to parties.

❖ Write the five steps on the board.

Problem Solving Steps

1. **What is the problem?**
2. **What is it that you want?**
3. **Think about solutions.**
4. **Pick a solution and try it.**
5. **Evaluate what works and try again.**

❖ Explain to participants that they can analyze their problems by going through a five-step process. Some of this will come naturally to them.

❖ Tell participants that they are going to walk through the problem-solving steps.

Step 1: What is the Problem?

❖ With participants, brainstorm reasons why people might worry about talking with a partner about safer sex. Write the reasons on the chalkboard. Possible reasons may include:

- My partner will think that I am not cool.
- My partner will leave.
- My partner will get angry.
- My partner will think that I am dirty or diseased.
- My partner will think I mess around.

❖ Ask participants to think about these reasons, and the real worries that underlie them and how to respond to them. Ask the following questions:

PROCESS QUESTIONS

- Whose responsibility is it to decide when it is the right time in a relationship to have sex?
- Are your worries about discussing safer sex stronger or weaker than your worries about HIV and AIDS?
- Whose responsibility is it to practice safer sex?
- How do you overcome these concerns?
- What will happen if you don't overcome them?
- Will that be OK with you?

Step 2: What is it That You Want?

❖ Ask participants to think about their goals in discussing safer sex. Make the following points:

- It's sometimes difficult in the heat of anger, passion, or hurt to know what we want and to make a clear decision that we can feel good about later. Therefore, thinking through how you might handle these situations ahead of time can be very helpful.
- Keep focusing on your goals: staying safe within your own limits and protecting yourself and others. Before you can negotiate, you have to know what you want to achieve. Then you need to communicate that to the other person.

Step 3: Think About Solutions

❖ Ask participants to think about possible solutions that help us make clear decisions in risky situations. Make this an open-ended discussion to help students recognize problems and think of new ways to deal with them.

PROCESS QUESTIONS

- Is it what you want to do?
- Will it create more problems for you? What kind of problems? Are some more serious than others?
- How might others react?
- How will you feel?
- How will it work in the long term? Will you have to deal with new, more difficult problems if you go with this solution?

Step 4: Pick a Solution and Try It

❖ Ask participants to examine the pros and cons of each solution.

PROCESS QUESTIONS

- Which approach would you try first, why?
- If you try one solution and it doesn't work, what would you do?

❖ Remind participants that they can always try other options.

Step 5: Evaluate What Works and Try Again

❖ Ask participants:

- **"How well did this work?"**
- **"What would you do differently?"**

❖ Let them know that even when things don't work out the way we wanted them to, we can learn from the situation.

TAKING CARE OF OURSELVES: WHOSE RESPONSIBILITY?

⏳ **This activity should take about 5 minutes.**

❖ Return to the questions:

- Who is responsible for deciding when it is the right time in a relationship to have sex?
- Who is responsible for practicing safer sex in a relationship?

- Make the following points:
  - Both partners have the right and the responsibility to protect their own health and the health of their partner.
  - This may mean that you see men's and women's roles and responsibilities a little differently than you have in the past.
  - Young men and women must take responsibility for their own and their partner's health.
  - Young women and men need to know that it is all right for them to purchase condoms and insist that their partners use them.
- Explain that their new skills will help them and that each time they try them will be a new experience. Make the following points:
  - People's comfort and skill in expressing themselves change, depending on the situation and the people involved.
  - People may have difficulty talking about when it is the right time to have sex.
  - One person might have difficulty talking about condom use with a partner they have dated for a long time.
  - Someone else might have more difficulty bringing up the subject with a new partner.
  - Attitudes toward protection are changing. Now it's those who decide not to have sex or insist on having safer sex who are "with it," who are becoming responsible teens.
  - Certainly it is easy and convenient to believe that nothing bad can happen to you or me. But the reality is, we all have to recognize that AIDS can affect us and have an impact on our families and our community.
  - Safer-sex decisions and actions are our responsibility. By thinking and planning ahead of time, we can get better at saying what we mean and doing what we want.
  - *How* we say things is as important as *what* we say. In the next activity, we will discuss a variety of communication styles and how they affect people.

"SI ME QUIERES, DEMUÉSTRAMELO:" PRACTICING ASSERTIVE COMMUNICATION

This topic has 3 activities. It should take about 30 minutes in total.

OBJECTIVES

- Practice communication skills.
- Practice assertive communication skills for condom negotiation.
- Practice assertive communication skills for sexual decision making.

PROCEDURES

DISTRIBUTE HANDOUT 6.2

- Remind participants that assertive communication—the most effective kind of communication to use in negotiation—can help you express how you feel in a way that you will feel good about.
- Summarize the following tips:
  - Say in your own words what you think the other person wants. Let the other person know that you hear what they are saying, even when you do not agree. This helps them feel that they are understood and are not being put down.
  - Use "I" messages to express what you believe, value, and want. Use yourself as an example, but try not to sound preachy or superior. "I don't feel good about...," "I'd like to...," or "I'm feeling uncomfortable." Try to avoid, "You should..." You are speaking for yourself and owning what you say. You can even use yourself as a positive example by saying, "I'm trying to..." Be positive. Remember, if you are with a friend, this person already likes you or they wouldn't be with you.
- Remind participants to think about where their bottom line is.
  - Be specific about what you will and will not do and stick to it. To negotiate successfully, you need to know what you want to accomplish.
  - Clearly communicate your bottom line. Let the other person know what you will do and what you won't. Be specific. If a new partner has a different bottom line, it's good to find out sooner rather than later. See if the other person is on the same wavelength. Remember, others may not know as much as you do about avoiding HIV. You might have to explain how it is and is not transmitted.
  - Suggest specific alternatives. Let a partner know what you are willing to do. Say more than "No." Suggest alternatives that are OK with you. Alternatives allow negotiation so everyone is comfortable and gets some of their needs met.
  - Be ready to say "No" firmly and repeatedly if you have to. There will be times, especially in the heat of the moment, when you might have to say "No" and stick to it. Rehearse in your mind ahead of time what to say if a partner wants to do something that is too risky for you.

- Encourage participants to rehearse ways to talk with their partners about safer activities and to practice firmly saying "No."
- Remind participants of the value and importance of staying safe by saying things like: "**Love is wonderful, but it does not change the need to stay safe.**"
- Make the following points:
  - Insisting on safety does not mean that you don't trust someone.
  - Being safe shows that you care about yourselves and each other.
  - No one has the right to do anything that threatens you or your future. You don't have a right to threaten anyone else.
  - Be proud. Part of being proud is taking personal responsibility to prevent more cases of AIDS in your community.

NOTE TO FACILITATOR

As saying "No" comes in many forms, in this activity participants sift through the options and develop an understanding of assertively saying "No."

SAYING "NO"

This activity should take about 5 minutes.

PROCEDURES

DISTRIBUTE HANDOUT 6.3

- Introduce the activity by saying something like this:

  "We have been talking about ways to say "No." There are a lot of ways to say it. What are some of the ways you can think of?"

- Write participants' suggestions on the chalkboard. Praise the group for their suggestions. Choose one or two and ask about the kind of communication it represents:
  - **"Who is saying this- *the mouse, the monster, or you?*"**
  - **"Will this give the other person a clear message?"**
- Erase the suggestions that the group decides are too passive or too aggressive and remind them of some other useful ways to say "No."
- Ask for a volunteer to pick one phrase and describe how to use it in a particular situation. Suggest that the group review the worksheet and practice the phrases during the week.

ASSERTIVE COMMUNICATION DEMONSTRATION BY FACILITATORS

⏳ **This activity should take about 10 minutes.**

PROCEDURES

- You and your colleague will demonstrate assertive communication skills to show participants how to communicate assertively, evaluate their own and others' behavior, and provide feedback. Don't worry if the first time doesn't go perfectly.
- With your cofacilitator, act out these demonstrations. Be sure to model positive and clear examples of negotiation and assertive communication. After each one, ask the participants to critique your communication.
- Remember that participants may reflect a variety of sexual orientations. All participants benefit from hearing your respect for gender equity and will appreciate sensitivity in language and attitude. Introduce the demonstration by saying something like:

  "We've been talking about different ways to tell a partner what we will and will not do in sexual situations. Now we are going to try to put this into action. We're going to do a demonstration first. Listen for the phrases we've been learning. There's also going to be some ad-libbing, so listen for the ideas as well as the words. We are not giving you lines to memorize; we're showing you one right way-we all have our own style. Be critical! Look for things we could have done better."

Situation 1

Two of us are talking about a condom ad. I'm the one who says, "No way will I use a condom"; my friend is trying to say I should. [Name of other group leader], playing the part of the other friend has to come up with some good responses based on the tips for assertive communication.

Script: "Rubbers cramp my style."
Response:
Script: "I don't get any feeling through a rubber."
Response:

Situation 2

It's Saturday night, and we're having a great time. We're on our way home from a party, and I tell my date that something more should happen on such a beautiful evening.

Script: "Baby, you know I've been wanting you for a long time."
Response:
Script: "Sweetheart, this is the perfect time."
Response:
Script: "Baby, I love you, and I would never leave you once we have sex."
Response:

Situation 3

My partner and I are alone. We've been leading up to sex for a couple of weeks. The only thing we haven't discussed is protection. My partner needs to persuade me to use a latex condom.

Script: "Baby, if I don't get some soon, I'm going to burst."
Response:
Script: "I'm tired of talking, baby."
Response:
Script: "Come on, baby. Give it up."
Response:

PROCESS QUESTIONS

- What was being negotiated?
- What kind of communication was demonstrated?
- What tips did you notice? What were some ad-libbed versions of the tips?
- What did you notice about tone of voice? Pauses? Using "I" messages?
- What did you notice about eye contact? Posture? Body language?
- What could have been better?

NOTE TO FACILITATOR

The role-plays are worded so that a man or a woman could play either role. You and your coleader may want to adjust the roles you play in the demonstration so that both men and women are shown pressuring and being pressured. In this way you model for the group that both men and women can choose abstinence or safer sex.

PARTICIPANT ROLE-PLAYS

This activity should take about 15 minutes.

DISTRIBUTE HANDOUT 6.4

❖ Tell participants

"Now you have seen us try to use effective communication. As you can see, it isn't always easy to do. It wasn't always easy for us! So it really is a good idea to practice. This time, you're going to try it. Be sure to incorporate communication, negotiation, and refusal skills."

❖ Divide participants into groups of three. Remind participants to use the handouts *Assertive Communication Tips* and *Ways to Say "No"* as a resource. Say something like:

"Your responses should be in your own words and style. The main message is: "I want to be safe." One of you gets the script and reads the situation and scripted part out loud. The second person responds, using the skills we've learned. The third person observes you both."

- ❖ Review how to give feedback.
  - Point out what the participants did well, including communication tips and nonverbal communication.
  - Suggest ways to improve the communication, if needed. Ask the participants if the suggestions are something that they can do.
  - If you see participants doing an outstanding job, ask if they would be willing to act out a situation for the whole group.
  - Remember to be respectful and sensitive about the way others may feel, both in the comments you make and the gender inclusive language you use.
- ❖ Once participants are divided into groups of three, review the process. One person in each group will read the script, one will role-play responses, and one will observe and provide feedback. Make sure that participants change roles during the three role-plays.
- ❖ Rotate among the groups as they work on the scripts. Praise what worked and provide constructive criticism. Encourage feedback from all group members. Encourage everyone to improvise responses. When everyone in the group has practiced the first role-play, ask them to continue using new role-plays until the time is up.

NOTE TO FACILITATOR

The repeated practice of role-plays is a critical part of the curriculum. It's important that everyone takes more than one turn in a role-play, so make sure that participants change roles. If there isn't time for each participant to practice at least three role-plays, you may want to schedule an additional session for role-playing.

Be sensitive to the diversity that exists in most groups. For example, don't automatically assume that everyone is heterosexual, assume that at least one person may be HIV positive.

If the participants in your group don't think the words in the role-play ring true, let them know that they can change the language. The words on the page should not become a barrier to acting out the role-plays. Give feedback that will help participants—even if their role-plays aren't so successful—by building, not eroding. Sometimes participants can get *stuck* in a negative role-play. You may need to help them *exit* from the part by reminding them that this was just a part-not who they really are.

PROCESS QUESTIONS

- What worked well about that role-play?
- What would make it even better?
- Let's try it again. What else could he or she do this time to get the message across?

- ❖ Encourage participants to practice using assertive communication skills. Ask participants to remember details of the situation (or even write them in a journal): who they were with, what happened, what they said, how the other person reacted, how they felt about the way they handled the situation, and how could they have handled it differently.
- ❖ Take a break before the next activity.

GETTING OUT OF RISKY SITUATIONS

⌛ **This topic has 2 activities. It should take about 20 minutes in total.**

OBJECTIVE

➢ To define potential risky situations, and learn how to leave them.

KNOWING WHEN IT'S TIME TO GET OUT

⌛ **This activity should take about 10 minutes.**

PROCEDURES

❖ Explain that sometimes people have to leave a risky or dangerous situation. Tell participants that

"No matter how good your communication skills are, sometimes the other person will just not understand what you have said. The other person might not know as much as you do or might not care about health. In these cases, you're going to have to take steps to get yourself out of a risky or dangerous situation. Nothing else will work. How can you get out, and feel good about the way you handled it?"

❖ Explain that in most situations, you get more than one chance. Tell participants: **"You have more than one chance to take actions to protect yourself. If you miss one opportunity, you can use the next one."**

❖ Explain that there are several opportunities for leaving a risky situation. You can leave:

- Before you are in a situation in which there's a lot of pressure to have sex.
- After you are in a situation in which sexual activity seems likely but before you initiate sex.
- After you have explained your limits but a partner does not want to go along with the limits.

❖ Encourage participants to brainstorm some ways to leave a risky situation when assertive communication is not enough. For instance

- You're at a party and there's way too much drinking going on, or other drugs going around, and you think things are going to get way out of control.
- You're alone with one or two people, and you're afraid you may get pushed into sex you don't want.

❖ Write the participants' ideas on the chalkboard as you reinforce the idea that we all have choices. For each item on the list, ask questions such as:

PROCESS QUESTIONS

- Will this work?
- Will this create another problem?
- What might happen if you did this?
- How would you actually do this?

WALKING AWAY

This activity should take about 10 minutes.

- Almost any group will suggest walking away. When it comes up, explore these points:
  - Sometimes walking away is possible, if you can bring yourself to get up and leave.
  - Walking away is an option that can be tough in real life. It helps to have a plan in place.

PROCESS QUESTIONS

- How would you walk away? Would it be better for you to be angry, or be polite?
- Who can you call to come get you if you needed help getting out?
- Do you always have change in your pocket so you can telephone someone if you need to?
- What would you say as you walked away? How would the other person react?
- If you walked away, what would you be telling yourself? How might you feel: triumphant, sad or some other way? Would you still walk away?
- If you don't walk away, how will you feel?

DISTRIBUTE HANDOUT 6.5

- Review Handout.

ASSESSMENT OF LEARNING

This topic should take about 10 minutes.

At the end of this session ask participants to complete the following sentences. Write the questions onto a flipchart, read them, and ask them to reflect upon these questions individually. Allow at least 5 minutes for reflection. Ask if anyone would like to share her thoughts with the large group.

- **The most relevant thing I learned in this session is...**
- **In light of the above I plan to do the following more often...**
- **In light of the above I plan to do the following less often...**
- **I see these possible barriers to accomplish these changes...**

NOTE TO FACILITATOR

Keep the newsprint with participants' responses for program evaluation purposes.

PROGRAM SYNTHESIS: AN INTEGRATION OF KNOWLEDGE, MOTIVATION, ATTITUDES & SKILLS

⌛ **This topic should take about 30 minutes.**

OBJECTIVES

- Review and analyze the root causes of HIV/STDs and their impact on the farmworking community.
- Take a critical look at the AIDS epidemic and emphasize the importance of information and communication skills in the prevention of HIV/STDs.
- Reinforce and integrate concepts presented throughout the curriculum.

PROCEDURES

❖ Lead participants into a discussion about the following questions:

PROCESS QUESTIONS

- What causes HIV infection?
- What problems can HIV/AIDS create for my family, my community, and me?
- How can I help stop this disease in my community?

ASSESSING THE CAUSES & CONSEQUENCES OF HIV INFECTION

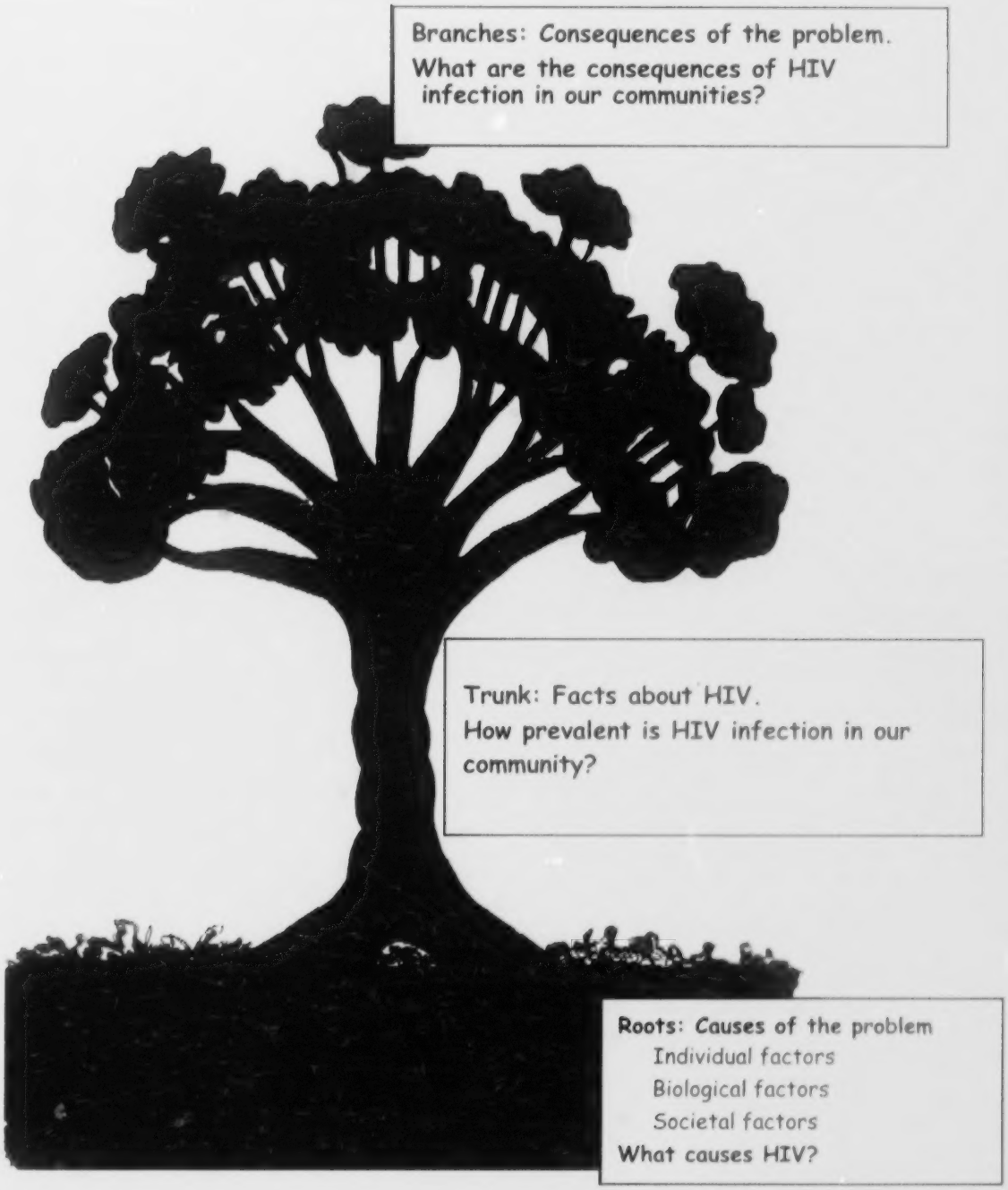
⌛ **This activity should take about 30 minutes.**

PROCEDURES

NOTE TO FACILITATOR

This activity will use a tree as a guiding metaphor. This metaphor will give the participants a concrete image that they can use to assess, organize and make sense of HIV/AIDS from an individual, biological, and societal perspective. Using different parts of the tree, participants will analyze and connect causes and consequences of HIV infection in their communities. For example, the roots represent the causes of the disease. The trunk represents the facts about HIV. The branches represent the consequences of HIV infection at the individual, family, and community level.

❖ On newsprint, draw a tree with three parts: trunk, roots, and branches (see the picture next page).


Branches: Consequences of the problem.
What are the consequences of HIV infection in our communities?
Trunk: Facts about HIV.
How prevalent is HIV infection in our community?
Roots: Causes of the problem
Individual factors
Biological factors
Societal factors
What causes HIV?

The Roots: Analyzing The Causes of HIV Infection

- Explain that the group is going to brainstorm about factors that contribute to HIV infection. Record each response on an index card and place them at the roots of the tree.

- To help the brainstorming process, ask the group the following questions (one at a time)!

PROCESS QUESTIONS

- What do you think causes HIV? What have you heard about the causes of HIV?
- Why do you think youth get infected with HIV?
- Why do you think females are infected with HIV?
- Why do you think farmworkers are infected with HIV?

- As participants respond to these questions, take the group to another level of analysis by asking the question, "WHY?" to their responses. Keep on asking "WHY?" to their responses until answers become repetitive and concrete.

NOTE TO FACILITATOR

Below is an example of how to effectively carry out the brainstorming process.

Example of Brainstorming Process

Question: ***"Why do you think youth get infected with HIV?"***

Response: *"Because they don't protect themselves."*

Question: ***"Why don't some youth protect themselves?"***

Response: *"Because they think that it will not happen to them."*

Question: ***"Why do youth think they will not get infected or it is not going to happen to them?***

Response: *"Because they do not know how HIV is transmitted."*

Question: ***"Why do you think youth are ignorant about the disease?"***

Response: *"Because they do not want to hear about it."*

Question: ***"Why don't youth want to hear about this disease?"***

Response: *"Because they are afraid to die."*

- Repeat this process with the four questions or until you have enough responses.

- Help participants organize these responses in three categories: individual risk factors, biological risk factors, and societal risk factors. Explain each factor.

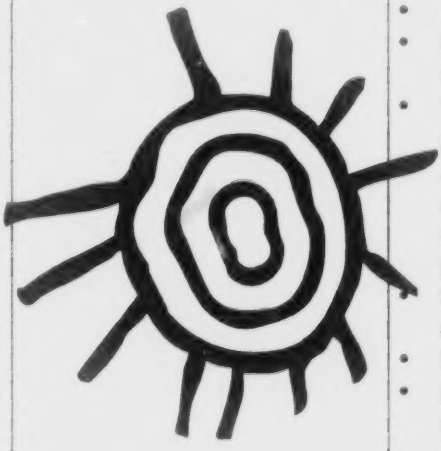
- Individual factors: Situations that put individuals at risk because of their attitudes, behaviors and actions.
- Biological factors: Risks that exist because of the biology of the human body.
- Societal factors: Social, economic, and cultural conditions that increase the risk of exposure to HIV.

❖ Read the responses to the group and ask the women to put the responses in the appropriate categories (individual, biological, societal). As you do this, reorganize the roots of the tree in three main sections. Each section will represent each factor (see picture).

❖ Compare the list of examples with the group responses. Is there anything that you would like to add? If needed, add two or three important factors not considered by the participants.

Examples of Risk Factors

Individual factors	Biological factors	Societal factors
• Engaging in unprotected sex (vaginal, anal, oral.) • Having multiple sex partners. • Having faithful relationships but changing partners often. • Drug or alcohol use. • Not getting treatment for STDs. • Sex during monthly menstrual period. • "Unplanned" sex. • A pregnant woman infected with HIV who does not take her AZT (she increases the risk of infecting her baby). • Lack of information about transmission and prevention of STDs including HIV. • Not knowing the HIV status of sexual partner. • Not knowing what to do to prevent transmission. • Not recognizing STD symptoms. • Lack of knowledge about the body, sexuality, and sexual development. • "It is not going to happen to me" attitude. • Lack of negotiation skills to postpone sex or to use a condom. • Thinking, "if he loves me, he would not hurt me."	• Gender: Women are more vulnerable to HIV infection from sex with an infected partner than are men. • Age: Adolescents and young adult women under the age of 25 are at a higher risk for HIV. • Having an STD. STDs increase HIV susceptibility in women. • Mother to child transmission. HIV can be transmitted from a mother to child during pregnancy, labor, and delivery or by breastfeeding.	• Lack of employment opportunities. • Migration (short or long). • Immigration status (fear if person is illegal). • Refugees/displacement. • Traveling or working away from home. • Poverty. • No access to health care services, no health insurance. • Language barriers. • Illiteracy (e.g. no access to health care information). • Gender discrimination (sexual decision making is based on fear or on economic pressure). • Gender dynamics (imbalance of power between men and women, strict adherence to gender prescribed roles). • Sexual abuse. • Mistreatment in an oppressive marriage. • The myth that marriage is a protection from HIV infection. • Sexual expectations (for example: have sex to prove manhood or fertility, or sex to prove love). • Peer pressure among adolescents to have sex. • Religious beliefs. • Lack of female controlled methods to prevent HIV/STDs.



The Branches: Analyzing The Consequences Of Hiv Infection

- Inform the group that in the next activity they will be working on the branches of the tree. Divide the branches into three levels. The bottom of the branches will represent the individual, the middle branches the family, and the top branches the community (see picture).
- Ask questions from the list below to help participants think about the consequences of HIV/AIDS. Select one or two questions per category. Each group of questions is intended to elicit responses that describe the consequences of HIV infection at the individual, family and community level.
- Write down participants' responses on index cards and tape them on the branches.
- Explain that these are some of the costs or consequences after becoming infected with HIV. There are individual costs, family costs and costs for the community.

PROCESS QUESTIONS

Questions to elicit the consequences that HIV has on the individual

- What can happen to a 25-year-old woman who is infected with HIV? What would her future look like? How will her life change?
- What can happen to an adolescent who becomes infected with the virus? What would her future look like? How will her life change?
- What can happen to a 26-year-old woman who was infected with the virus at 16, and who now has developed AIDS? What can she expect for her future?
- What can happen to a baby who is born to a mother who has HIV? What would his/her future look like?

Questions to elicit the consequences that HIV has on the family

- How will a family's life change if the father, 35 years old, has HIV/AIDS?
- How will a family's life change if one of its members has HIV/AIDS?
- What can happen to a family if the mother is infected with HIV/AIDS?
- What can happen to a family if the grandmother is infected with HIV/AIDS?
- What can happen to the children if both of their parents have HIV/AIDS?

Questions to elicit the consequences that HIV has on the community

- What can happen to a community if many of its members are infected with HIV?
- What can happen to a community if those members who are infected with HIV are not getting medical treatment?
- What can happen to a community if those members who are infected with the virus do not use protection and transmit the virus to others?
- What can happen to a community where there is risk of HIV infection but only 15 percent of the population has access to health care services?
- What can happen in a community if HIV infection is more common among women under 25 years old?
- What can happen to a community if its members do not know their HIV status?
- What can happen to a community if its members think HIV infection and AIDS is not going to happen to them?

The Tree: Thinking About Solutions to HIV/AIDS

- Ask the group what they can do to influence the growth of a tree or plant. Some responses might be: "water the plant," "give the plant less water," "protect the plant from the sun," "put the plant under the sun," "add nutrients," "cut the branches to redirect the growth," "change the soil," etc.
- Explain that we can influence the development of HIV in the same way we influence the growth and shape of a tree or plant. If we modify the root causes or risk factors, we can prevent people from becoming infected, and we can change the course of this disease.
- Explain to the group that these training sessions are intended to increase their knowledge and skills to protect females in the community from becoming infected with STDs, including HIV.
- Ask participants to form groups of three. Using the list generated during the brainstorming process, ask each group to choose at least four causes or risk factors (the roots of the tree) that they would like to change and explain what change they will make. Write down their responses on newsprint.
- Review responses to ensure that the changes needed are correct.

NOTE TO FACILITATOR

- The following is a sample of common risk factors that participants may mention.

Risk Factors	Change Needed
• Mother to child transmission. HIV can be transmitted from a mother to child during pregnancy, labor, and delivery or by breastfeeding.	• Prevent infection in women.
• Lack of knowledge about the body, sexuality, and sexual development	• Educate females about their body and how it works.
• Lack of information about transmission and prevention of STDs, including HIV	• Learn and teach others about HIV transmission and prevention as well as other STDs.
• Engaging in unprotected sex (vaginal, anal, oral.)	• Use protection. Always use a latex condom.
• Having an STD. STDs increase HIV susceptibility in women.	• Seek treatment for STDs.
• The myth that marriage is a protection from HIV infection.	• Learn the facts about HIV and discuss them with husband. Get tested.
• Peer pressure among adolescents to engage in sex.	• Teach adolescents how to deal with group pressure.

CLOSING

This topic should take about 10 minutes.

PROCEDURES

NOTE TO FACILITATOR

During the program participants have come to know each other and to know different aspects about themselves as well. Now it is the time to think about what they have accomplished in this program and to decide what skills they want to try in the future. For this purpose you may introduce a new technique that involves the intuitive, imaginative and creative part of the brain. As a facilitator you will guide participants to experience this new process of visualizing their experiences and skills. This visualization activity is useful in helping participants get in touch with their feelings, and to try new learned skills.

- Ask participants to close their eyes, relax and breathe deeply. The purpose here is to help them relax so that they can visualize the following exercise. Read the following visualization aloud and slowly.

Closing Visualization

"Think a minute about all of the things we have shared and learned throughout these sessions. Remember one important thing that you learned or that stuck in your mind after the session." (Wait a few seconds.)

Now think about your relationship with your mother, your best friend, or someone that you are interested in dating or are already dating. Think about if what you learned can help your relationship with one or all of these people in your life. Do you think you can practice what you learned with these people? (Wait a few seconds.)

How would you benefit from using what you learned in your significant relationships? (Wait a few seconds.)

Now think forward to two years from now. What do you want to accomplish? Where do you see yourself? Are you happy? How do you envision your relationship with your parents, with other adults, friends and partners? Do you feel comfortable with who you are? Do you feel more confident expressing your needs and getting your point across? (Wait a few seconds.)

"Are you where you want to be in life?"

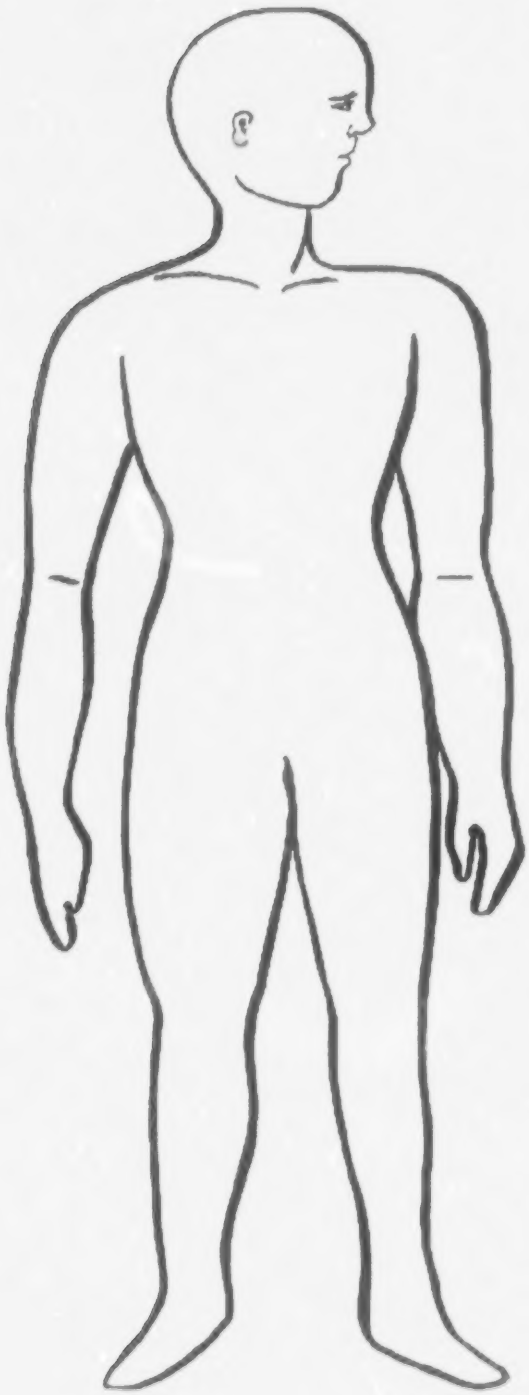
- After a few minutes, ask volunteers to share their visualizations by describing their behaviors and how their behaviors and ways of thought have been affected by what they have learned in this program. Then ask if this "new behavior" would be a desirable and appropriate behavior in their lives, and why.

- Congratulate the participants for successfully completing the *Nosotras Viviremos* sessions. You may conclude with a ritual or ceremony of your choice, i.e. a small "graduation" with refreshments. Close by giving each participant a *Nosotras Viviremos* Certificate of Completion.

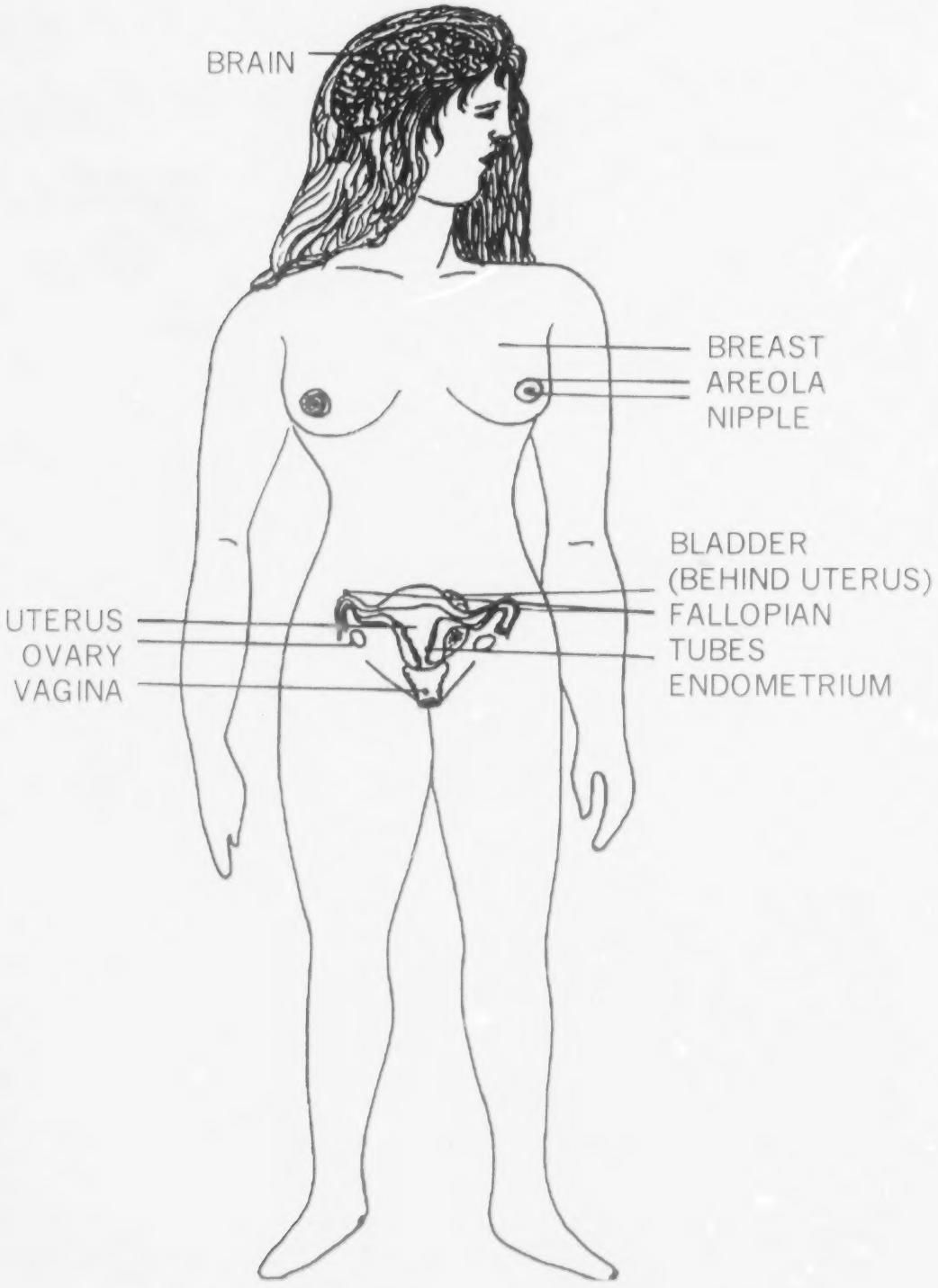
HANDOUTS

2.1 MODEL FOR "ALEX"
2.2 FEMALE "ALEX"
2.3 MALE "ALEX"
2.4 THE FEMALE "ALEX" BODY PARTS
2.5 THE MALE "ALEX" BODY PARTS
2.6.A FEMALE BODY PARTS
2.6.B MALE BODY PARTS
2.7 FACTS ABOUT SEXUAL ORIENTATION
3.1 ASSERTIVE COMMUNICATION HAS THE FOLLOWING CHARACTERISTICS
3.2 HOW WOMEN IN OUR COMMUNITY TALK ABOUT SEXUALITY
3.3 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (2 PAGES)
5.1 STDS AND THEIR SYMPTOMS
5.2 HIV/AIDS RELATED TERMINOLOGY
5.3 HOW HIV IS NOT TRANSMITTED (4 PAGES)
6.1 PROBLEM SOLVING SKILLS
6.2 ASSERTIVE COMMUNICATION TIPS
6.3 WAYS TO SAY "NO"
6.4 ASSERTIVE COMMUNICATION ROLE-PLAYS (3 PAGES)
6.5 TEN STEPS TO PUT GOOD INTENTIONS INTO PRACTICE

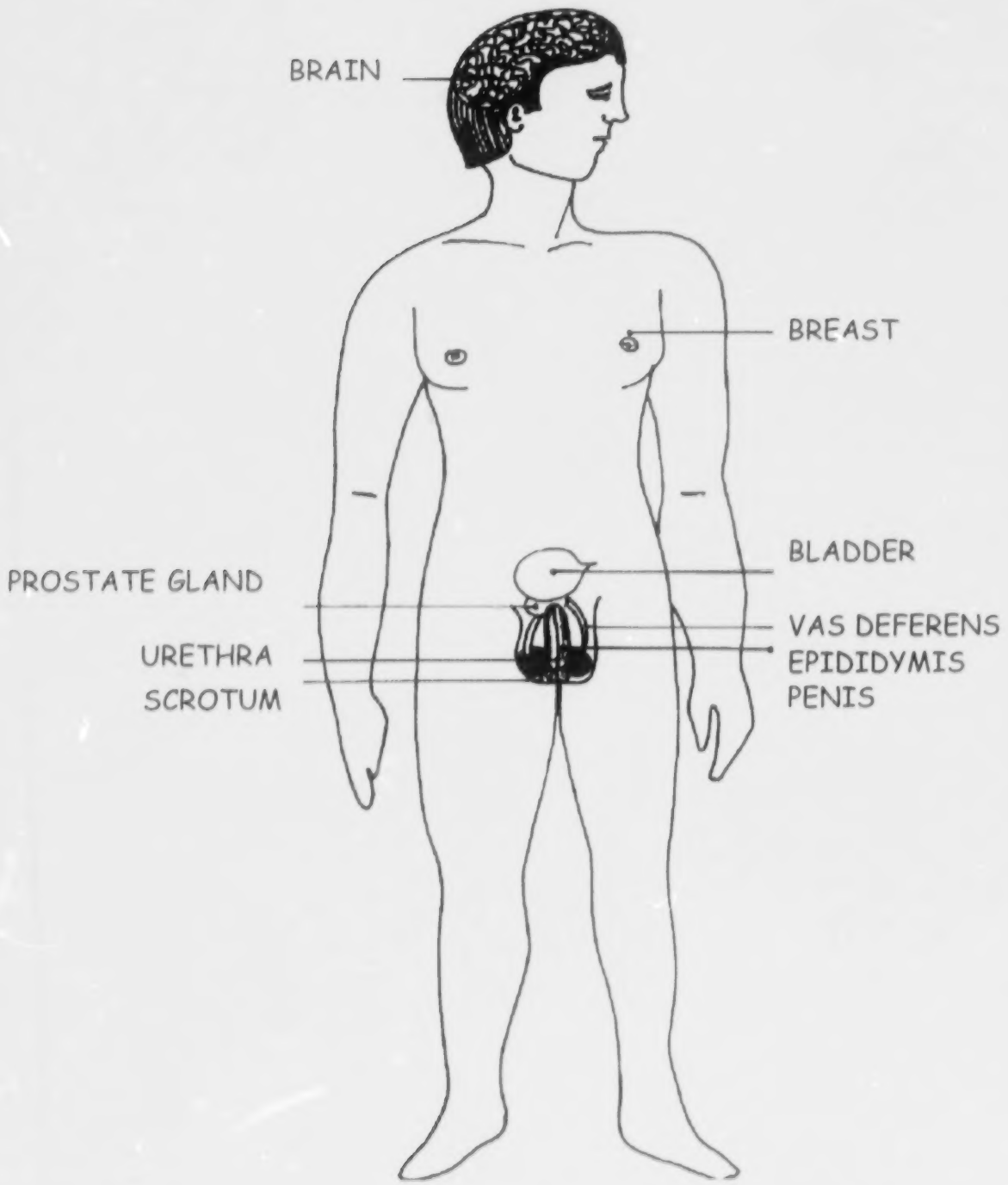
2.1 MODEL FOR "ALEX"



2.2 FEMALE "ALEX"



2.3 MALE "ALEX"


BRAIN
BREAST
BLADDER
PROSTATE GLAND
VAS DEFERENS
EPIDIDYMIS
URETHRA
PENIS
SCROTUM

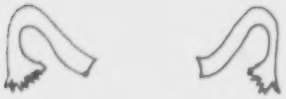
2.4 THE FEMALE "ALEX" BODY PARTS

BREASTS

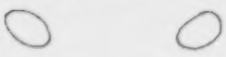
UTERUS/CERVIX

BLADDER

FALLOPIAN TUBES

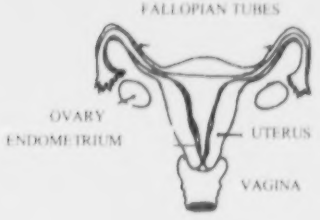


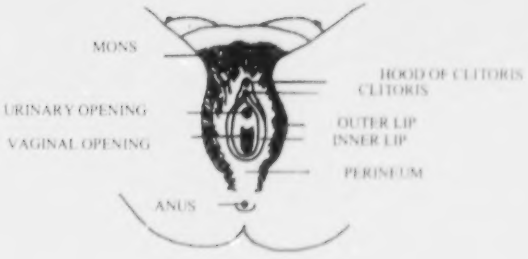
OVARIES



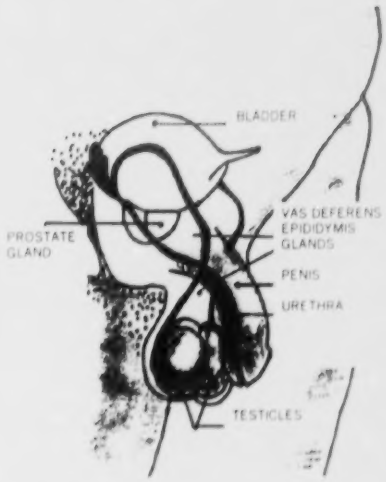
LARGE INTESTINES & ANUS

VAGINA & CLITORIS





2.5 THE MALE "ALEX" BODY PARTS



2.6.A FEMALE BODY PARTS

The female body parts include:

BREASTS (2)	OVARIES (2)	FALLOPIAN TUBES (2)
The human mammary, or milk-producing, glands that are surrounded by fat tissue. They also provide sexual pleasure when stimulated.	Two small, almond-shaped organs, located on either side of the uterus, that produce the eggs as well as estrogen and progesterone, the primary female sex hormones.	These slender tubes connect the uterus and the ovaries. An egg travels from the ovary through the fallopian tube (where fertilization takes place) to the uterus.
UTERUS/CERVIX	**BLADDER**	**VAGINA**
A pear-shaped, muscular organ that contains the fetus throughout the nine months of fetal development. The cervix is the narrow canal leading from the uterus to the vagina. The opening of the cervix resembles a small pink doughnut.	The sac that holds urine that is passed through the urinary tract. The bladder is located in front of the uterus, and may be constricted by pressure of uterine growth during pregnancy.	The muscular passage leading from the outer genitals to the cervix/uterus. During birth, a baby passes through the vagina from the uterus or womb to the outside of the body.
FETUS	**CLITORIS**	**LARGE INTESTINE & ANUS**
Once an egg, or ovum, is fertilized in the fallopian tube, the ovum implants in the wall or lining of the uterus, known as the endometrium. As the ovum's cells begin to divide and multiply, it becomes a fetus or developing baby during the nine months of gestation.	A small, external, extremely sensitive organ at the top of the vaginal opening, or the mons area, which enlarges during sexual arousal. The clitoris has only one purpose -sexual pleasure and, hopefully, orgasm!	The portion of the intestinal tract that extends to the anus and rectal opening, where waste is eliminated from the body. The anus can also serve as an area of sexual pleasure.

2.6.B MALE BODY PARTS

The male body parts include:

BREASTS (2)	SCROTUM	TESTICLES (2)
Male breasts provide pleasure through sexual stimulation. The nipple becomes erect when a male is sexually aroused.	The external sac of skin which holds the testicles. The scrotum keeps the testicles at the optimum temperature for sperm production, slightly below the internal body temperature.	The male reproductive glands which produce sperm.
VAS DEFERENS EPIDIDYMIS (2)	**PROSTATE GLAND**	**BLADDER**
Tubes that carry sperm from the testes to the seminal vesicles, where they are stored until ejaculation. The epididymis is a coiled structure at the testicular end of the vas deferens that acts as a storehouse for sperm manufactured in the testicles.	A gland that produces some of the ingredients of semen, the milky fluid that carries sperm out of the body during ejaculation. The prostate which is doughnut shaped surrounds the urethra, and lies at the base of the bladder.	The sac that holds urine that is passed through the urinary tract.
URETHRA	**PENIS**	**LARGE INTESTINE & ANUS**
The tube inside the penis that joins the vas deferens and carries urine from the bladder. The urethra is also the passageway for semen from the vas deferens. When sexual arousal occurs, a valve closes off the entry from the bladder so urine is not released during ejaculation.	The male sex organ that enlarges during sexual arousal. The highly sensitive penis has two parts: (1) the glans, or the sensitive, rounded head, and (2) the shaft, or the long base that gets hard (enlarged with blood) during erection.	This portion of the intestinal tract extends to the anus and rectal opening where waste is eliminated from the body. The anus can also serve as an area of sexual pleasure. Many seek pleasure through external anal stimulation or penetration.

2.7 FACTS ABOUT SEXUAL ORIENTATION

LEVEL 1 (AGES 5-8)

- Human beings experience different kinds of loving.
- Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the other gender.
- Some women and men are homosexual, which means they will be attracted to and fall in love with someone of the same gender.
- Homosexuals are also known as gay men or as lesbian women.

LEVEL 2 (AGES 9-12)

- Sexual orientation refers to whether a person is heterosexual, homosexual, or bisexual.
- A bisexual person is attracted to women and men.
- It is not known why a person has a particular sexual orientation.
- Homosexual, heterosexual, and bisexual people are alike except for their sexual attraction.
- Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.
- Some people are afraid to admit that they are homosexual because they fear that they will be mistreated.
- Homosexual love relationships can be as fulfilling as heterosexual relationships.
- Gay men and lesbians can have families by adopting children or by having their own children.

LEVEL 3 (AGES 12-15)

- Theories about what determines sexual orientation include physical factors such as genetics, prenatal influences, social-cultural factors, psychosocial factors, and a combination of all of these factors.
- Sexual orientation is not always the same as sexual behaviors.
- Homosexual couples behave sexually in many of the same ways as heterosexual couples.
- Many young people have brief sexual experiences (including fantasies and dreams) with the same gender but they mainly feel attracted to the other gender.
- Some young people have brief sexual experiences with the other gender but they mainly feel attracted to their own gender.
- When a homosexual person accepts his/her own sexual orientation, gains strength and pride as a gay or lesbian person, and tells others, it is known as "coming out."
- Talking about feelings about sexual orientation can be difficult.
- "Coming out" can be difficult because people fear negative reactions from their parents, family, and friends.
- It is common for people to feel some attraction to men and women.
- A percentage of people in every culture and society will be homosexual.
- People do not choose their sexual orientation.
- Therapy or medicine cannot change sexual orientation.
- It can be difficult to understand one's sexual orientation.
- Gay men, lesbian women and bisexuals can and do lead happy and fulfilling lives.
- Gay men and lesbian women can and do establish lifelong committed relationships.
- Some religious groups are against homosexuality.
- People's beliefs about homosexuality are based on their religious, cultural, and family values. Many of their negative beliefs are based on fear and on ignorance.

LEVEL 4 (AGES 15-18)

- A person's attractions, fantasies, and behavior determine sexual orientation.
- One's understanding and identification of one's sexual orientation may change during life.
- Some people who engage in same gender sexual behavior do not identify as bisexual or as gay or lesbian.
- Teenagers who have questions abut their sexual orientation should consult a trusted and knowledgeable adult.
- Family members, teachers, guidance counselors, physicians, religious leaders, and gay and lesbian community centers may offer support and resources for young people whom have concerns about their sexual orientation.

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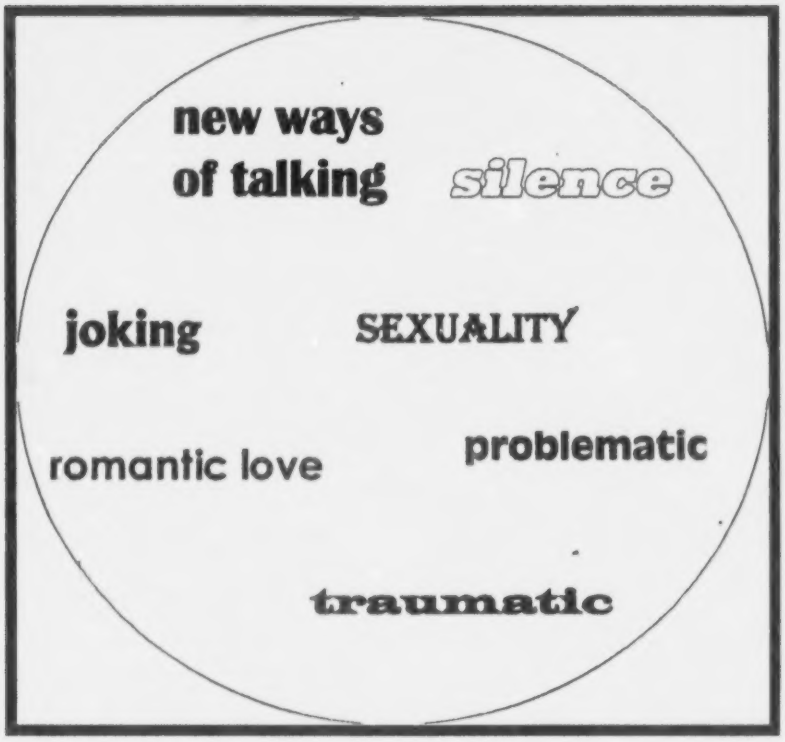
3.1 ASSERTIVE COMMUNICATION HAS THE FOLLOWING CHARACTERISTICS

- It is "good communication" or "telling it like it is."
- It clearly tells someone how you feel, and what you want or need in a way that doesn't threaten, punish, or put down.
- It lets you express your thoughts and feelings without anxiety or fear.
- It is direct and honest.
- It models for your children how they can effectively communicate with others as well as how they want to be addressed or treated. It shows them how to address their feelings appropriately and effectively.
- It gets the point across without leaving you feeling guilty or out of control.
- It does not hurt your child's self esteem.
- Assertive communication is sometimes called the "me" style. When people use the "me" style, they usually feel more confident, in control and get more positive reactions from others.
- Assertive communication is not something we are born knowing how to do. It is a way of expressing ourselves that can be learned.
- It takes self-awareness. Aggressive communication and passive communication can occur spontaneously and it usually does. Assertive communication is an acquired skill that begins with being conscious that we do have a choice in how we speak, and the words we use. You are in control over your emotions.

3.2 HOW WOMEN IN OUR COMMUNITY TALK ABOUT SEXUALITY



(+)_____(-)

POSITIVE	REALISTIC	NEGATIVE
Romantic love	Positive Presents the facts about sexual behavior Recognizes that women have the right to information Teaches females how to live healthy lives and be happy	Traumatic Problematic Shameful Dirty

3.3 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (Page 1 of 2)

TEMA	WHAT MOTHERS SAY	WHAT DAUGHTERS SAY
"We never talked about that." Sexuality themes (body, gender) and sexual knowledge, beliefs, attitudes, and behaviors are not discussed between mother and daughter. Sexuality is not talked about; it is not conveyed in words.	• "Our tradition is not to talk to our children about this topic [sexuality]." • "In the province where I come from, people don't talk about sexuality or menstruation." • "I had heard that at a certain age the girl was not a girl anymore but a lady (senorita), but I did not know how. My mother never talked to me about it. The first time I had my period I was very scared"	• "Sometimes there is something [sexual] on television and I ask my mother: What is that? She will stay quiet or say, "I don't know" and turn her face to the opposite side. Many times, we look for an answer at other places, but that is not OK because we do not go to a person that knows about it [like a mother]. I think that this is one of the mistakes with our education." • "Sometimes [on television] you can hear words that refer to sex...I ask my mother: What is that? She will stop talking and leave. She does not answer me." • I know that they [parents] have questions, they also want to know. They also know that we will not ask them. For this reason we go and ask someone else, or do things that we should not do. We want to know." • "My sister is asking my mother that type of question, What is a prostitute? My mother's response is that she does not want to hear about that."
"We feel ashamed when we talk about these topics" Mother and daughter experience strong emotions and feelings associated with sexual topics. These emotions make conversations around sexuality difficult and very uncomfortable.	• "We parents have to talk to our children [about sexuality] but we do not have the courage, the confidence. We feel ashamed when we talk to our children about this topic."	• "I feel ashamed to talk to my mother not about the period, but about sex and other things. Yes, I feel ashamed." • "For girls my age it is very embarrassing to talk about sexuality and HIV with our mothers. Even when you have a close relationship with your mother, it's still difficult. Like me, I can talk to my mother but still feel ashamed" (Sonia, 16).
"We talk about everything." Mother and daughter talk about some sexual topics. Themes concerning girls' sexual development are easier to address than those about sexual intercourse.		• "My mother tells me everything. I have another sister, 12 years old; she is more advanced than I am. She is always asking my mother questions. My mother always tells us the truth, so we can take care of all that and ourselves. However, my dad is not like that. When my dad is present she stays quiet and tell us that we should not talk about that in front of him." • "Some girls do not have sex early because their mothers explain to them early in life the things [sexual relation] that she already knows or has gone through, the things that a mother wants her daughter to know. That is the way she raises her daughter."
"I am concerned about what others will think. 'El que dirán' " Women are concerned that if they address sexual topics and sexual language openly, their reputation as a 'decent' woman will be affected.		• "Sometimes mothers do not want to talk because they are worried about what others would think: "el que dirán" -- what aunts would say, or what others would say here." • "Sometimes I ask my mother if I can go out with my friends. She will say, No! Because your uncles will think badly of you. They are worried about what the family will think ("el que dirán")."

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3.3 LATINA MOTHER-DAUGHTER COMMUNICATION ABOUT SEXUALITY (Page 2 of 2)

WE NEVER TALK ABOUT THAT.
WE FEEL ASHAMED WHEN WE TALK ABOUT THOSE TOPICS
WE TALK ABOUT EVERYTHING!
I AM CONCERNED ABOUT WHAT OTHERS WILL THINK.
EL QUE DIRÁN...

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5.1 STDS AND THEIR SYMPTOMS

STD	Women's Symptoms	Men's Symptoms	Shared Symptoms
SYPHILIS It's caused by bacteria named Treponema pallidum. It can affect practically all organs of the body. Syphilis is transmitted most often by sexual intercourse, but it can also be spread by a woman to her baby during pregnancy and birth or by coming into contact with infected sores.	No specific gender-related symptoms.	No specific gender-related symptoms.	Stage 1: chancre (hard, painless sore that appears within three months of contact). Stage 2: skin rashes Stage 3: organ damage (the heart and central nervous system are affected, as well as the skin, liver, bones, and spleen; it can cause blindness.
CHLAMYDIA It's caused by bacteria called Chlamydia trachomatis.. Chlamydia can also be spread by the mother to her baby during pregnancy and birth and can lead to pneumonia and eye infections in the infant.	Possibly none. Some women may notice pus-like vaginal or rectal discharge, painful and frequent urination, pelvic pain, abnormal vaginal bleeding, and painful sexual intercourse.	Itching, burning	Itching, burning
Trichomoniasis ("trich") It's an infection caused by a parasite named Trichomoma vaginalis.	Itching; burning; presence of heavy, foamy, yellow-green vaginal discharge and vaginal soreness.	Possibly none.	Itching, burning
Gonorrhea (Clap) It's a common bacterial infection caused by an organism called Neisseria gonorrhoeae.	Possibly none. Some women may notice increased vaginal discharge, painful urination, bleeding or spotting between menstrual periods.	Itching, burning, painful urination, drip.	Possible organ damage if untreated
HERPES Genital herpes infection is caused by viruses named herpes simplex.	Blisters in and around vagina, and cervix.	Blisters on penis and in urethra.	Blisters in and around the genital or rectal area, on legs, on other body parts. It may cause fever, swollen glands, and loss of appetite.
HIV/AIDS Acquired immune deficiency syndrome (AIDS) is caused by a virus named human immuno-deficiency virus (HIV)). HIV destroys the body's immune system that fights off disease, thereby allowing deadlly infections and illnesses to invade the body.	May have cervical dysplasia, vaginal yeast infections.	Anal and urethral yeast infections.	More than half of people who are infected with HIV don't show symptoms of the disease for over ten years. Signs of infection include opportunistic infections, wasting syndrome, CNS complications, oral yeast infections, prolonged diarrhea, severe weight loss, fever or night sweats, skin rashes, mouth sores, swollen glands, extreme and constant fatigue.
HPV (Human Papilloma Virus)	Cervical, vaginal warts	Urethral warts	Anal, external genital warts

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5.2 HIV/AIDS RELATED TERMINOLOGY

WHAT IS AIDS?

1. **AIDS stands for Acquired Immuno Deficiency Syndrome.**

A = Acquired	Something you get after you do something. Not inherited.
I = Immuno	Immunological system is the body's biological defense that fights infections and diseases.
D = Deficiency	That does not work properly.
S = Syndrome	A group of symptoms and diseases.

AIDS is a disease in which the body's immune system breaks down. Normally, the immune system fights off infection and certain other diseases. When the system fails, a person with AIDS can develop a variety of life-threatening illnesses.

WHAT CAUSES AIDS?

AIDS is caused by a virus called the Human Immunodeficiency Virus, or HIV. A virus is one of the smallest 'germs' that can cause disease. As HIV disease progresses, there is a gradual deterioration of immune function making an individual particularly vulnerable to the illnesses that are typical of AIDS, the end stage of HIV disease.

WHAT IS AN OPPORTUNISTIC INFECTION?

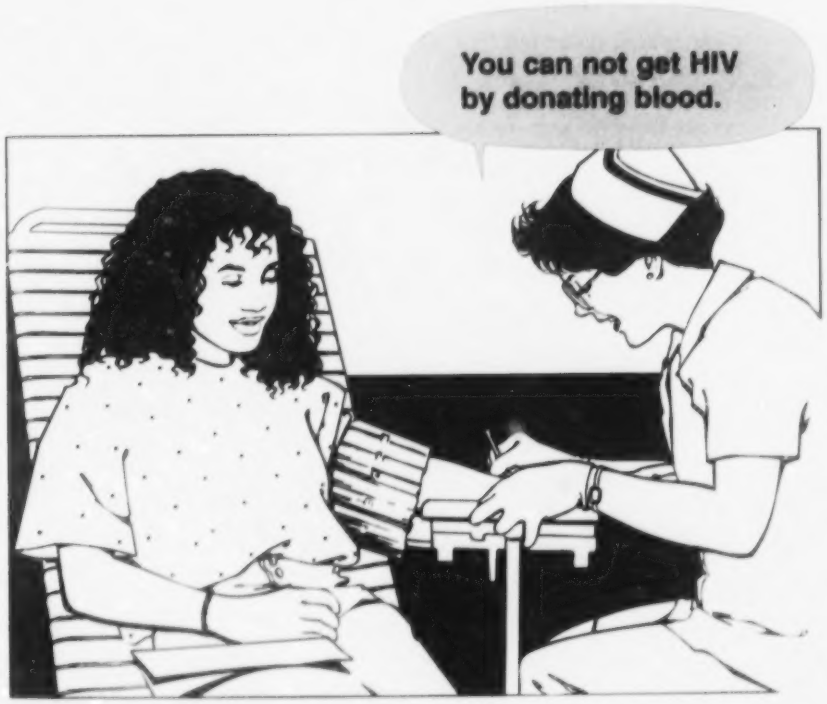
An opportunistic infection is an illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs.

WHAT DOES THE WINDOW PERIOD MEAN?

The window period refers to the time between when a person becomes infected and when the HIV tests can begin to detect either the antibodies or the virus. The window period can be from two weeks to six months long. During the window period, a person can transmit the virus to others, even before they know they are infected.

5.3 HOW HIV IS NOT TRANSMITTED

(Page 1 of 4)



5.3 HOW HIV IS NOT TRANSMITTED

HIV can not be spread by hugging or touching a person with AIDS.

You can not get HIV by having someone whisper in your ear or breath on you.

5.3 HOW HIV IS NOT TRANSMITTED

(Page 3 of 4)

You can not get HIV by being bitten by a mosquito or any other bug. HIV does not survive in mosquito and other insects.

You can not get infected with HIV by using the toilet seat used by a person with AIDS.

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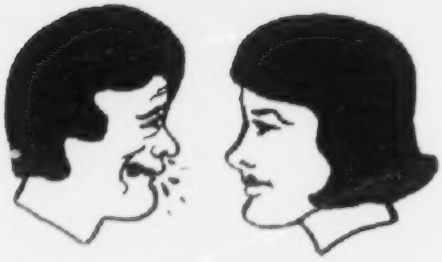
5.3 HOW HIV IS NOT TRANSMITTED

(Page 4 of 4)

HIV is not spread through coughing or sneezing.



HIV is not spread by sharing hot tubs or swimming in pools with a person with AIDS.

6.1 PROBLEM-SOLVING SKILLS

1. Determine the problem.

2. Identify your goals: what you want to have happen.

3. Brainstorm potential solutions.

4. Pick a solution and try it.

5. Evaluate what works and try again.

6.2 ASSERTIVE COMMUNICATION TIPS

- Say in your own words what you think the other person wants.
- Use "I" messages to express what you believe, value and want.
- Be specific about what you will and will not do, and stick to it.
- Clearly communicate your bottom line.
- Suggest specific alternatives.
- Be ready to say "No" firmly and repeatedly if you have to.

6.3 WAYS TO SAY "NO"

There are many ways to say "No" when you're faced with an uncomfortable situation or feeling pressured. Here are some ideas to try:

- Offer and alternative: **"I don't want to do that; instead, let's do _____."**
- Pretend you didn't hear it.
- Say, "I feel uncomfortable."
- Say, "No!" firmly - and mean it.
- Say **"No"** over and over again until the other person gets the message.
- Change the subject.
- Make a joke.
- Act shocked.
- Give a reason why you will not do it.
- For example, say, **"That's not healthy. I won't do it."**
- Reverse the pressure. Say, **"I can't believe you would ask me to do that."**
- Walk away.
- Other ideas:

6.4 ASSERTIVE COMMUNICATION ROLE-PLAYS

Role Play One

It's Friday night, and you and some of your friends are invited to a wild party. When you get in the house, you see that primos (marijuana cigarettes laced with cocaine) are being passed around. Your friend takes a hit, passes it to you, and says:

Script 1: "Come on. This is some good cocaine."
Response:
Script 2: "Take a hit"!
Response:
Script 3: "It's mostly weed. Try it!"
Response:

Role Play Two

You just got home with your girlfriend (or boyfriend). You're sitting in the car kissing and things get out of hand. Before you even realize it, you're in the back seat. Your partner is really worked up and wants to have sex.

Script 1: "I need you, baby."
Response:
Script 2: "Let's do it"!
Response:
Script 3: "Sweetheart, I can make it real good for you.!"
Response:

Role Play Three

You're at a party pretty late. Someone is supposed to arrive with some serious drugs soon. Your partner wants to stay.

Script 1: "Come on, the best is yet to come."
Response:
Script 2: "Don't wreck our good time. It's been a great night together, and it's only going to get better."
Response:
Script 3: "I can't believe you won't at least try this stuff!"
Response:

6.4 ASSERTIVE COMMUNICATION ROLE-PLAYS

Role Play Four

You're out one night, when this really fine babe/guy walks up to you. She/he says "I've been watching you since you walked in and would love to get to know you better." She/he suggests that the two of you leave and go home together.

Script 1: "Come on, baby, I'm gonna make you feel the earth move."
Response:
Script 2: "You're not scared of a real woman (or man) are you?"
Response:
Script 3:"Baby, you can handle it."
Response:

Role Play Five

You and your partner are alone, and have been leading up to sex for a couple of weeks. Even though you've talked about condoms, your partner wants to do something safer. Your partner needs to persuade you to have sex in a way that won't have any risks.

Script 1: "Come on, baby, I want the real thing; I don't want to fool around."
Response:
Script 2: "Have you been leading me on just to knock me down?"
Response:
Script 3: "I thought we understood each other."
Response:

Role Play Six

You and the person you've been dating are really getting serious. You're talking one day, and you want to ask how he/she feels about using condoms. When you bring up the subject, your date says:

Script 1: "A rubber just takes the feeling away."
Response:
Script 2: "We don't need them because what we've got is special."
Response:
Script 3: "Don't you trust me, baby?"
Response:

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6.4 ASSERTIVE COMMUNICATION ROLE-PLAYS

Role Play Seven

Situation: You are spending the night at a friend's house, and the two of you are just talking. Somehow you end up on the subject of sex, and your friend says, "I don't use rubbers." When you suggest the idea of using condoms, your friend says:

Script 1: "I know my baby's clean."
Response:
Script 2: "My baby and me don't mess around on each other."
Response:
Script 3: "After all the time we've been together, I haven't caught anything."
Response:

Role Play Eight

You are alone with your boyfriend /girlfriend and the two of you are really turned on. You reach in your pocket and take out a condom. When your partner sees it, he/she says:

Script 1: "I don't want to use a rubber."
Response:
Script 2: "If you cared, you'd trust me."
Response:
Script 3: "Baby, don't dis me like that."
Response:

6.5 TEN STEPS
TO PUT GOOD INTENTIONS INTO PRACTICE

Knowing what to do only counts if you can put it into action.
Here are some ways to put good intentions into practice.

1. Have your mind made up about what you will and will not do ahead of time. Decide what your red, yellow and green lights are and stick to them.
2. Daydream safely. Even when you daydream about sex, you can imagine using a latex condom.
3. Before you have sex with anyone, talk about safety. If the other person doesn't share your views, find out ahead of time. Make sure others know you care about protecting your own health and theirs. Caution for girls, especially: Before you are alone with a partner, consider the risks you face. Don't get into a two-person-only situation before you feel confident that you will be safe.
4. Keep condoms around at home, in your jacket or purse, and with you. Unless they're nearby when you need them, they won't get used.
5. Be prepared and able to say "No." In the heat of the moment, sometimes you just have to say "No" (to a partner and to yourself) and stick to it. Remember, sometimes it is better to leave.
6. Practice in your mind ahead of time what you'll say if a partner insists on doing something that is riskier than you want. Practice ways to suggest safety - and insist if you need to. If necessary - leave.
7. Avoid alcohol and other drugs. If your judgment is blurred from alcohol or drugs, don't have sex. Staying safe is easier when your head is clear.
8. Show that you care for yourself and the other person. Love is great! But it doesn't change the need for safety. Insisting on safety does not mean that you don't love or trust your partner.
9. Learn from your mistakes. If you make a mistake, learn from it. Think about what happened right before. Drinking can create a problem for you: Too much drinking can blur your judgment. Wanting to please can create a problem for you. Feeling lonely, feeling unloved, wanting to please a partner no matter what, can put you under pressure to cave in and go past the limits you've set. Plan other ways to handle a similar situation the next time so that you don't repeat the past.
10. Praise yourself and your partner for staying safe. This helps you both feel good and established safety as the norm. You'll both have peace of mind.